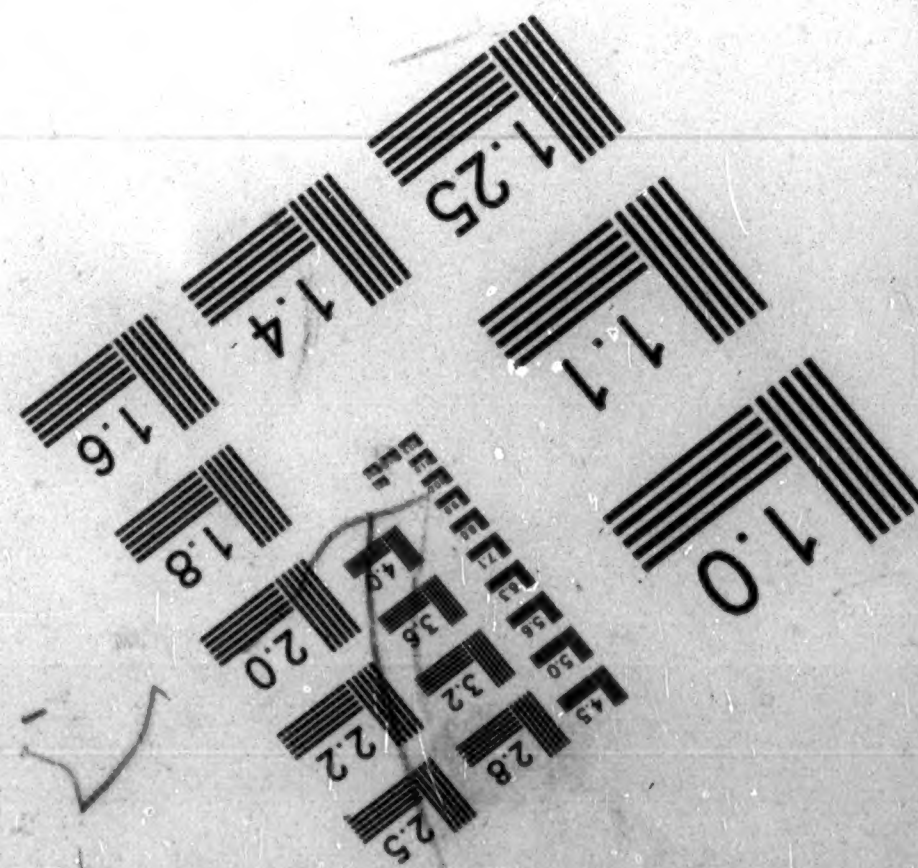
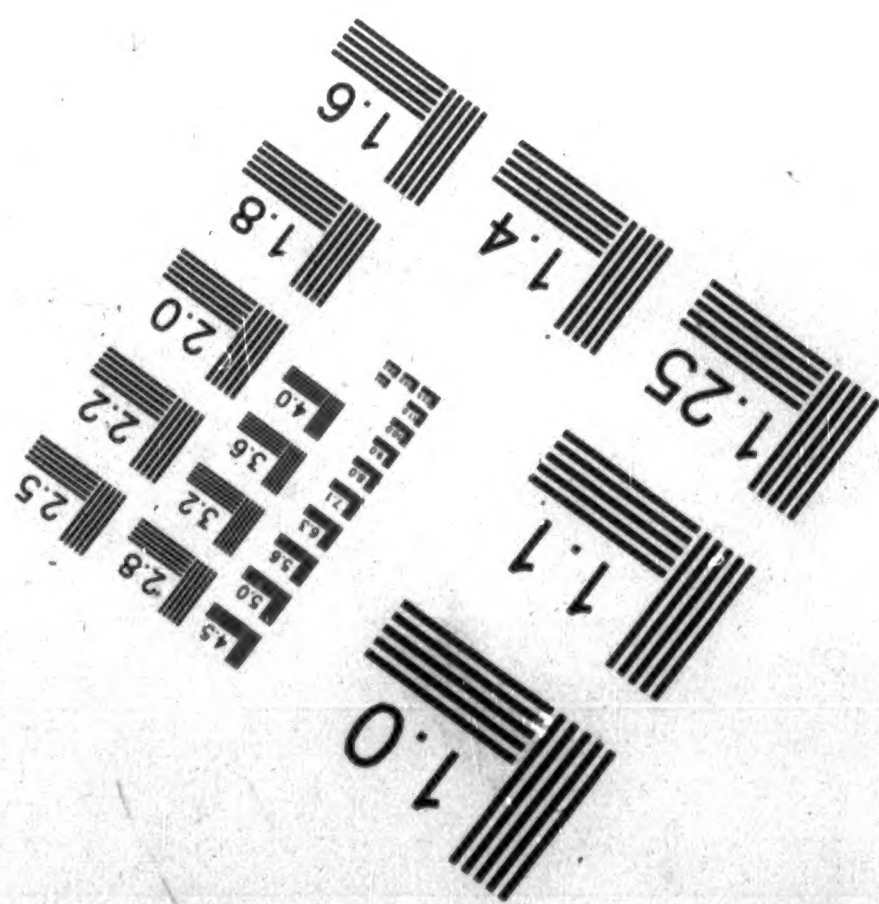
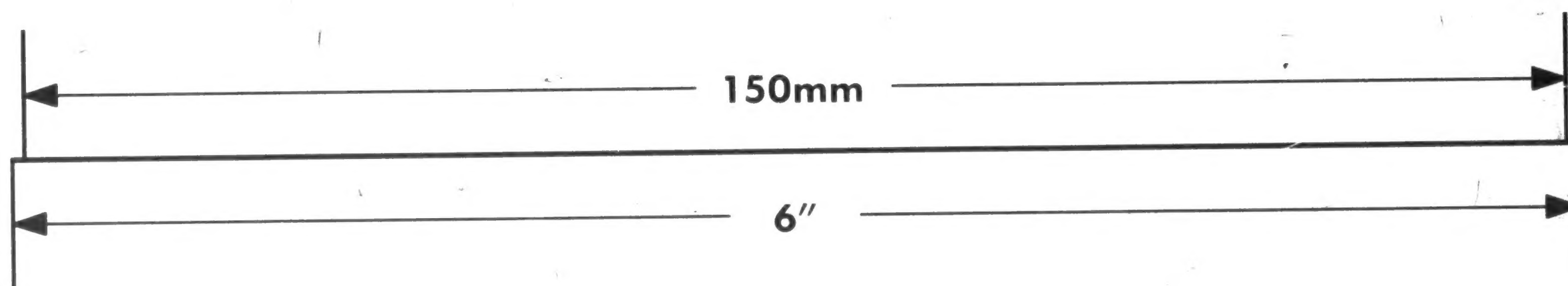
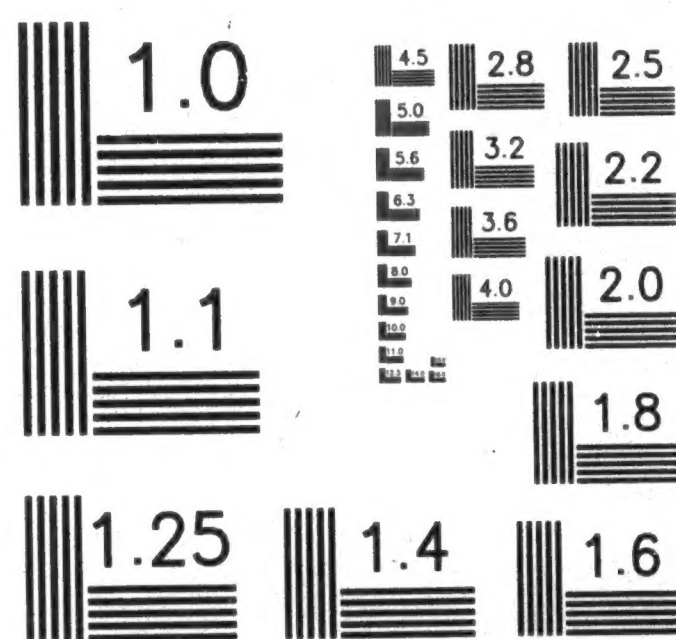
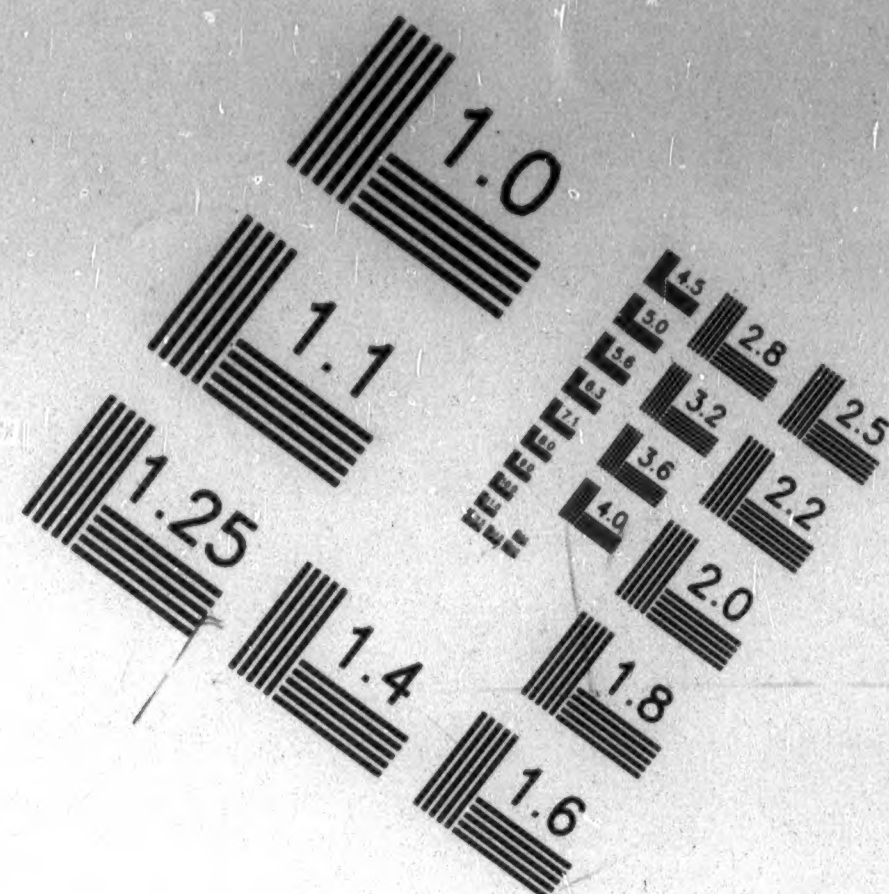
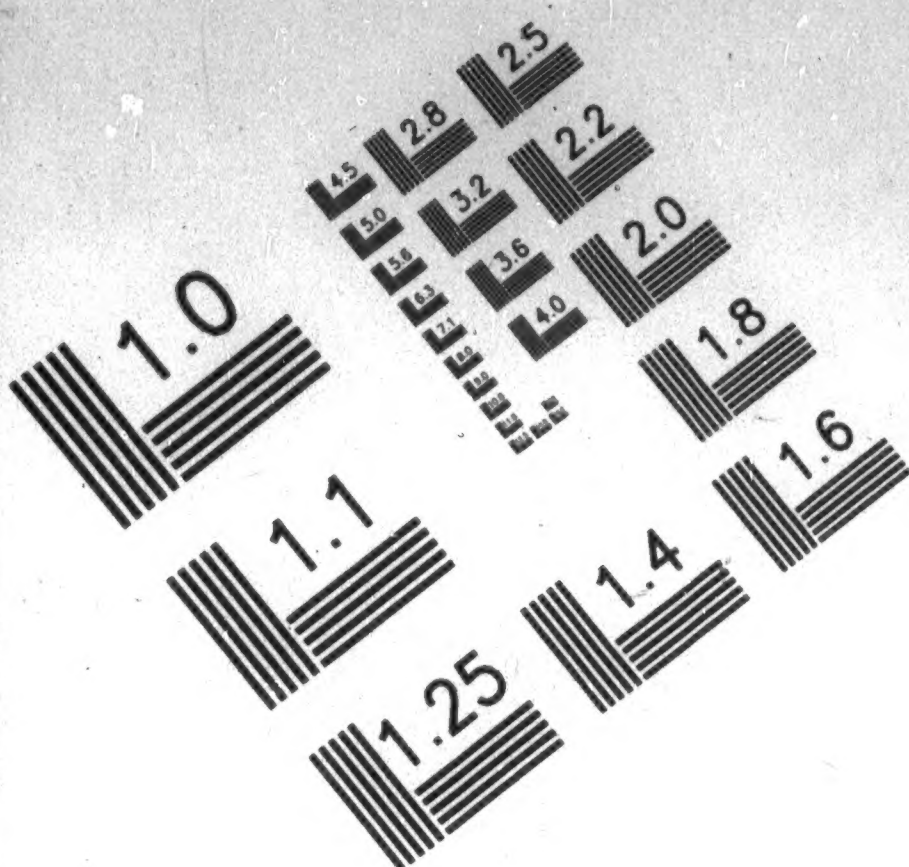






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NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

M1905

RECORDS OF THE FIELD OFFICES FOR THE STATE OF LOUISIANA,  
BUREAU OF REFUGEES, FREEDMEN, AND ABANDONED LANDS,  
1863-1872

United States Congress  
and  
National Archives and Records Administration  
Washington, DC  
2004



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

**NATIONAL ARCHIVES AND RECORD ADMINISTRATION**  
**FREEDMEN'S BUREAU PRESERVATION PROJECT**

This National Archives microfilm publication is part of a multiyear project to microfilm the field office records of the Bureau of Refugees, Freedmen, and Abandoned Lands (Freedmen's Bureau). The project was made possible by the United States Congress through The Freedmen's Bureau Records Preservation Act of 2000 (Public Law 106-444). When completed, all of the field records for the States of Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Texas, Virginia, and for the District of Columbia will be available on microfilm. For microfilm availability and description, view both the microfilm catalog *Black Studies: A Select Catalog of National Archives Microfilm Publications* and the National Archives microfilm locator on our web site at [www.archives.gov](http://www.archives.gov).

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Directed by Budge Weidman and Russ Weidman

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\*\* Benjamin Guterman edited the introductory materials.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

### INTRODUCTION

On the 111 rolls of this microfilm publication, M1905, are reproduced the records of the staff officers of the Assistant Commissioner and the subordinate field offices of the Louisiana headquarters of the Bureau of Refugees, Freedmen, and Abandoned Lands, 1863-1872. These records consist of bound volumes and unbound records containing materials that include letters sent and received, monthly reports, registers of complaints, labor contracts, and other records relating to freedmen's claims and bounty payments. These records are part of the Records of the Bureau of Refugees, Freedmen, and Abandoned Lands, Record Group (RG) 105.

### HISTORY AND ORGANIZATION

The Bureau of Refugees, Freedmen, and Abandoned Lands, also known as the Freedmen's Bureau, was established in the War Department by an act of Congress on March 3, 1865 (13 Stat. 507). The life of the Bureau was extended twice by acts of July 16, 1866 (14 Stat. 173), and July 6, 1868 (15 Stat. 83). The Bureau was responsible for the supervision and management of all matters relating to refugees and freedmen, and of lands abandoned or seized during the Civil War. In May 1865, President Andrew Johnson appointed Maj. Gen. Oliver Otis Howard as Commissioner of the Bureau, and Howard served in that position until June 30, 1872, when activities of the Bureau were terminated in accordance with an act of June 10, 1872 (17 Stat. 366). While a major part of the Bureau's early activities involved the supervision of abandoned and confiscated property, its mission was to provide relief and help freedmen become self-sufficient. Bureau officials issued rations and clothing, operated hospitals and refugee camps, and supervised labor contracts. In addition, the Bureau managed apprenticeship disputes and complaints, assisted benevolent societies in the establishment of schools, helped freedmen in legalizing marriages entered into during slavery, and provided transportation to refugees and freedmen who were attempting to reunite with their family or relocate to other parts of the country. The Bureau also helped black soldiers, sailors, and their heirs collect bounty claims, pensions, and back pay.

The act of March 3, 1865, authorized the appointment of Assistant Commissioners to aid the Commissioner in supervising the work of the Bureau in the former Confederate states, the border states, and the District of Columbia. While the work performed by Assistant Commissioners in each state was similar, the organizational structure of staff officers varied from state to state. At various times, the staff could consist of a superintendent of education, an assistant adjutant general, an assistant inspector general, a disbursing officer, a chief medical officer, a chief quartermaster, and a commissary of subsistence. Subordinate to these officers were the assistant superintendents, or subassistant commissioners as they later became known, who commanded the subdistricts.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

The Assistant Commissioner corresponded extensively with both his superior in the Washington Bureau headquarters and his subordinate officers in the subdistricts. Based upon reports submitted to him by the subassistant commissioners and other subordinate staff officers, he prepared reports that he sent to the Commissioner concerning Bureau activities in areas under his jurisdiction. The Assistant Commissioner also received letters from freedmen, local white citizens, state officials, and other non-Bureau personnel. These letters varied in nature from complaints to applications for jobs in the Bureau. Because the assistant adjutant general handled much of the mail for the Assistant Commissioner's office, it was often addressed to him instead of to the Assistant Commissioner.

In a circular issued by Commissioner Howard in July 1865, the Assistant Commissioners were instructed to designate one officer in each state to serve as "general Superintendents of Schools." These officials were to "take cognizance of all that is being done to educate refugees and freedmen, secure proper protection to schools and teachers, promote method and efficiency, correspond with the benevolent agencies which are supplying his field, and aid the Assistant Commissioner in making his required reports." In October 1865, a degree of centralized control was established over Bureau educational activities in the states when Rev. John W. Alvord was appointed Inspector of Finances and Schools. In January 1867, Alvord was divested of his financial responsibilities, and he was appointed General Superintendent of Education.

An act of Congress, approved July 25, 1868 (15 Stat. 193), ordered that the Commissioner of the Bureau "shall, on the first day of January next, cause the said bureau to be withdrawn from the several States within which said bureau has acted and its operation shall be discontinued." Consequently, in early 1869, with the exception of the superintendents of education and the claims agents, the Assistant Commissioners and their subordinate officers were withdrawn from the states.

For the next year and a half the Bureau continued to pursue its education work and to process claims. In the summer of 1870, the superintendents of education were withdrawn from the states, and the headquarters staff was greatly reduced. From that time until the Bureau was abolished by an act of Congress approved June 10, 1872 (17 Stat. 366), effective June 30, 1872, the Bureau's functions related almost exclusively to the disposition of claims. The Bureau's records and remaining functions were then transferred to the Freedmen's Branch in the office of the Adjutant General. The records of this branch are among the Bureau's files.

**THE FREEDMEN'S BUREAU IN LOUISIANA**

**ORGANIZATION**

On June 13, 1865, Commissioner Oliver Otis Howard appointed Chaplain Thomas W. Conway as the Assistant Commissioner for Louisiana. At the time of his appointment, Conway headed the military's Louisiana Bureau of Free Labor, which



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

managed the affairs of freedmen employed on "abandoned" plantations. Conway transferred the Bureau of Free Labor to the newly established Freedmen's Bureau Louisiana headquarters at New Orleans. The parishes of Madison, Carroll, Concordia, and Tenasas in northeastern Louisiana were reassigned in January 1866 from the jurisdiction of the Assistant Commissioner for Mississippi to that of the Assistant Commissioner for Louisiana. The other Assistant Commissioners or Acting Assistant Commissioners in Louisiana and their terms of office were Gen. James S. Fullerton, October 4-18, 1865; Gen. Absalom Baird, October 19, 1865-September 1866; Gen. Philip H. Sheridan, October 5-November 27, 1866; Gen. Joseph A. Mower, November 28, 1866-December 4, 1867; Lt. Col. William H. Wood, December 5, 1867-January 2, 1868; Gen. R. C. Buchanan, January 3-August 24, 1868; and Gen. Edward Hatch, August 25, 1868-January 1, 1869.

When Conway took over as Assistant Commissioner, the state was divided into districts that were composed of one to three parishes and commanded by either an agent or superintendent. In April 1867, the state was reorganized into seven subdistricts headed by subassistant commissioners. Subassistant commissioners were required to file monthly inspection reports of their respective jurisdictions with the Assistant Commissioner. Agents or assistant subassistant commissioners, who were responsible for one to two parishes, received their instructions from and reported to subassistant commissioners. The major subordinate field offices for the Bureau in Louisiana included those with headquarters at Baton Rouge, Franklin, Monroe, Natchitoches, New Orleans, Shreveport, and Vidalia. For a list of known Louisiana subordinate field office personnel and their dates of service, see the appendix.

#### ACTIVITIES

The major activities of the Freedmen's Bureau field office in Louisiana generally resembled those conducted in other states. The Bureau provided various forms of relief to both freedmen and white refugees, supervised labor contracts, assisted freedmen in the establishment of schools, administered justice, helped freedmen locate land, and assisted blacks with military claims for back pay, bounty payments, and pensions.

Between June and September 1865, the Bureau in Louisiana issued some 455,290 rations to destitute freedmen and 157,691 to white refugees. With no appropriated funds from Congress, the Bureau relied on several sources to carry out these activities: income from confiscated property, requisitioned supplies from the army, aid from benevolent societies, and a three-dollar tax on black adult laborers. Despite the Bureau's efforts, however, tens of thousands of freedmen and refugees remained in dire straits throughout the state. The lack of available funds, continuous flooding, crop failures, and disease severely hampered the Bureau's relief programs. On March 30, 1867, Congress appropriated monies for a "special relief fund" (15 Stat. 28). The fund authorized the Secretary of War, through the Freedmen's Bureau, to issue provisions and rations to destitute persons in Southern states, including Louisiana.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

In response to the act, Commissioner Howard issued a circular on April 3, 1867 (Circular Number 11), that set aside \$500,000 for the purpose.<sup>1</sup>

The agency maintained homes for refugees and orphans. Hundreds of refugees were housed in two hotels in New Orleans (the Commercial and the Western Verandah) and later the Marine Hospital. While most of the residents were from Louisiana, some were from Texas, Florida, Kentucky, Mississippi, Alabama, and Tennessee. Beginning in 1865, the Bureau provided assistance to several privately run orphan asylums in New Orleans and other areas of the state until its work for orphans was discontinued in September 1865. The Bureau also provided medical aid to freedmen and white refugees. In 1866, to help combat such diseases as cholera, yellow fever, and smallpox, seven doctors, on average, served under the Bureau in Louisiana: five at the New Orleans hospital and one at both the Shreveport hospital and the Rost Home Colony. The Bureau also maintained numerous dispensaries throughout the state. In spite of the closure of the Rost Home Colony hospital and most of the Bureau's dispensaries by the end of 1867, the agency in 1868 treated more than 8,500 freedmen for various infectious diseases. At the Rost Home Colony—one of the most successful of the four "home colonies" established in Louisiana—Bureau officials also issued rations and clothing, established a school, provided employment, and compiled a variety of personal data about individuals who arrived and departed from the Colony. Both the New Orleans and the Shreveport hospitals maintained registers of patients and the sick and wounded.<sup>2</sup>

The regulation of written labor agreements between planters and freedmen was a major concern of the Freedmen's Bureau. In a circular issued on December 4, 1865 (Circular Number 29), Bureau officials in Louisiana outlined the rules governing the free labor system in the state. Freedmen could choose their employers, and all contracts were to be approved by a Bureau agent. Wages were not set, but the circular declared that it was the freedmen's "duty" to "obtain the best terms they can for their labor." Freedmen were required to work 26 days per month, consisting of 10-hour days in the summer and 9-hour days in the winter. Any work time exceeding 6 hours beyond the normal workday would constitute an additional day's work. In addition to wages, freedmen were also entitled to receive rations, clothing, "comfortable" living quarters, and medical attention, and each family was to receive a half-acre plot to maintain a garden. Five percent of the freedman's monthly wages was to be retained by the employer for the purpose of sustaining schools for the freedman's children. In cases where freedmen desired to work for a share of the crop, employers were required to have sufficient amounts of provisions available for

<sup>1</sup> Howard A. White, *The Freedmen's Bureau in Louisiana* (Baton Rouge: Louisiana State University Press, 1970), 64–76.

<sup>2</sup> Ibid., 76–85; For a discussion of the establishment and activities at Rost Home Colony, see Michael F. Knight, "The Rost Home Colony: St. Charles Parish, Louisiana," *Prologue* 33, no. 1 (Fall 2001): 214–220; Records relating to the Freedmen's hospital at New Orleans have been reproduced on *Records of the New Orleans Field Offices, Bureau of Refugees, Freedmen, and Abandoned Lands, 1865–1869* (National Archives Microfilm Publication M1483, rolls 1–7); For Shreveport hospital records, see roll 101 in this publication.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

freedmen and their families each month. Also, employers who entered into share agreements were obligated to pay Bureau agents 1/20 of the amount of the freedmen's share of the crop each month for the benefit of freedmen schools.<sup>3</sup>

In the two years following the April 1862 occupation of New Orleans by Union troops, various civilian and military organizations established schools to educate freedmen in Louisiana. Gen. Nathaniel Banks's order of March 22, 1864 (Department of the Gulf General Order 38), established a board of education to govern the organization of freedmen's schools. B. Rush Plumly was appointed head of the board, and Lt. Edwin M. Wheelock became supervisor. Schools under the board's jurisdiction were supported mainly by a tax on citizens recently disloyal to the Union. On June 29, 1865, Assistant Commissioner Conway took charge of the schools, and on July 5, 1865, replaced Plumly and Wheelock with Capt. H. R. Pease as superintendent of education. Pease's successors included Bvt. Maj. A. G. Studer, Lt. F. R. Chase, J. M. Lee, L. O. Parker, H. H. Pierce, and E. W. Mason.

Pease divided the state into seven school districts, placing military and civilian personnel in charge. Under these officers were school directors responsible for each parish and "canvassers" who collected the school tax for each district. At the time of his arrival, there were some 126 freedmen schools, with 230 teachers and approximately 19,000 students. However, with limited funds and intense opposition to the school tax, Circular Number 34, dated December 27, 1865, directed that all schools be "suspended until such time as it may be found practicable to re-establish them on a permanent and self-supporting basis."<sup>4</sup>

In February 1866, then-Assistant Commissioner Baird sought to make schools self-supporting through a tuition plan. Despite Baird's new plan and congressional appropriations of 1866 and 1867 for freedmen education in the South, the Freedmen's Bureau's educational programs in Louisiana continued to face financial difficulties. In June 1868, Congress authorized the Bureau to sell school buildings to private groups that were willing to maintain freedmen schools, and the Bureau entered into cooperative agreements with such groups as the American Missionary Society, the Methodist Freedmen's Aid Society, and the Free Mission Baptists. Under the agreements, the Bureau provided monies for construction of the school buildings, and the religious organizations maintained the schools. In 1870, the cooperation between the Bureau and religious groups led to significant progress in the establishment of numerous freedmen schools in Louisiana. Despite their efforts however, freedmen schools continued to suffer from the effects of limited resources, lack of competent teachers, and a segregated school system.<sup>5</sup>

<sup>3</sup> House Ex. Doc. 70, 39th Cong., 1st Sess. Serial vol. 1256, pp. 30-33.

<sup>4</sup> White, *The Freedmen's Bureau in Louisiana*, pp. 166-175; See also House Ex. Doc. 70, 39th Cong., 1st Sess., Serial vol. 1256, pp. 35-36.

<sup>5</sup> White, *The Freedmen's Bureau in Louisiana*, 176-200.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

Safeguarding rights and securing justice for freedmen was of paramount concern to the Freedmen's Bureau. Following the Civil War, several Southern states enacted a series of laws, commonly known as "black codes," that restricted the rights and legal status of freedmen. Freedmen were often given harsh sentences for petty crimes, and in some instances were unable to get their cases heard in state courts. Assistant Commissioners were directed to "adjudicate, either themselves or through officers of their appointment, all difficulties arising between negroes themselves, or between negroes and whites or Indians."<sup>6</sup> Assistant Commissioner Conway issued Circular Number 15 (September 15, 1865), authorizing his subordinates to establish freedmen courts in cases where freedmen were not receiving just treatment. Conway's successors—Fullerton, Baird, and Sheridan—believed that civil officers in most parishes administered justice impartially in freedmen cases, and so abolished the special tribunals as unnecessary. Nevertheless, Bureau officers were still required to represent freedmen in court cases and refer the most extreme cases of injustice to United States courts. In the latter part of 1866, fearing that freedmen's rights were not being adequately protected, Assistant Commissioner Joseph Mower re-instituted some Bureau judicial functions that had been previously suspended by his predecessors. William H. Wood, who succeeded Mower, told Bureau agents during his tenure that only in cases where the evidence clearly showed the civil court's failure to administer justice, were they to become involved. Wood's replacement, Gen. Robert C. Buchanan, like Fullerton, Baird, and Sheridan, continued the policy of leaving matters of justice to civil authorities. By the time Gen. Edward Hatch assumed office as Assistant Commissioner in 1868, Louisiana had restored its constitutional relations with the Federal Government, and matters concerning justice were returned to the state.<sup>7</sup>

The Southern Homestead Act (14 Stat. 66), approved by Congress on June 21, 1866, made available for public settlement 46 million acres of public lands in Alabama, Arkansas, Florida, Louisiana, and Mississippi. Six million acres of this Federal land was located in Louisiana. The act specifically prohibited discrimination against applicants due to race, and thus offered Louisiana freedmen and others an opportunity to become landowners. Only persons who headed households or were former United States soldiers were eligible to apply. A five-dollar application fee was required of all applicants, which allowed them to settle on an 80-acre tract and gain permanent possession after five years of cultivation. Generally, the Freedmen's Bureau, through "locating agents," assisted interested freedmen in finding plots, and provided them with one-month subsistence, free transportation to their prospective tracts of land, and seeds for initial planting. By January 1867, J. J. Saville, as locating agent, found homesteads for 87 freedmen, 73 whites, and 14 soldiers. However, because the New Orleans land office was closed, only 7 were able to file applications. While limited resources and the lack of suitable lands for settlement hindered freedmen in their effort to acquire land, freedmen also faced intense opposition from whites who opposed black land ownership. Freedmen were thus

<sup>6</sup> House Ex. Doc. 11, 39th Cong., 1st Sess., Serial vol. 1255, pp. 45-46.

<sup>7</sup> White, *The Freedmen's Bureau in Louisiana*, 134-165.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

encouraged by Bureau officials in Louisiana to settle on land in large numbers in order to protect themselves from intense opposition by whites.<sup>8</sup>

An act of Congress on June 14, 1864, authorized the payment of bounties, not to exceed \$100, to black soldiers who had entered the military after June 15, 1864, and who were free on April 19, 1861 (14 Stat. 126). Amendments in 1866 dropped the requirement of freedom at enlistment and offered additional bounties of \$100 for those blacks who had signed on for three years, and \$50 for individuals who enlisted for two years. To assist black soldiers and their heirs in filing bounty and other military claims against the Federal Government, a claims agency was initially established in the United States Sanitary Commission. On July 14, 1865, Commissioner Howard authorized Freedmen's Bureau officials to act as agents of the Commission and to assist it in filing for black military claims. However, freedmen often rejected the free services of the agency and paid fees to private claims agents, believing that they would receive their money quicker. In 1867, concerned about abuse and fraud in the settlement of black military claims, Congress passed a law making the Freedmen's Bureau the sole agent for payment of claims of black veterans (15 Stat. 26). From October 31, 1866, through September 30, 1867, the Bureau in Louisiana settled claims amounting to just \$1,489.73. However, one year later, 240 veterans' claims amounting to \$52,058 were settled, with 484 remaining to be resolved.<sup>9</sup>

RECORDS DESCRIPTION

These records consist of volumes and unbound records. The volumes reproduced in this microfilm publication were originally arranged by type of record and thereunder by volume number. All volumes were assigned numbers by the Adjutant General's Office (AGO) of the War Department after the records came into its custody. In this microfilm publication, AGO numbers are shown in parentheses to aid in identifying the volumes. The National Archives assigned the volume numbers that are not in parentheses. No numbers were assigned to series consisting of single volumes. In some volumes, particularly in indexes and alphabetical headings of registers, there are blank numbered pages that have not been filmed.

The volumes consist of letters and endorsements sent and received, press copies of letters sent, registers of letters received, letters and orders received, registers of freedmen court cases, special orders and circulars issued, registers of claimants, registers of complaints, marriage certificates, and monthly reports forwarded to the Assistant Commissioner. The unbound documents consist of letters and orders

<sup>8</sup> Ibid., 59-63.

<sup>9</sup> Howard A. White, *The Freedmen's Bureau in Louisiana*, pp. 160-162; See also, Annual Reports of the Assistant Commissioners, Louisiana, October 5, 1868 [pp. 19-20], Records of the Office of the Commissioner, Record Group 105, National Archives Building, Washington, DC.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

received, unregistered letters and narrative reports received, special orders and circulars issued, and general orders and circulars received. The unbound records also contain monthly reports, labor contracts, marriage certificates, and records relating to claims.

Some of the volumes contain more than one type of record, reflecting a common recording practice of clerks and staff officers of that period. On roll 67, for example, the volume of applications for laborers for Bragg Home Colony also contains a register of complaints. Some other examples of additional series within volumes can be found in records on rolls 72, 78, and others. Researchers should read carefully the records descriptions and arrangements in the table of contents to make full use of these documents.

**RELATED RECORDS**

In the same record group, RG 105, and related to records of the Bureau's field offices for Louisiana, are those of the Bureau headquarters in Washington, DC, and previously microfilmed records of the Assistant Commissioner and the superintendent of education for Louisiana. These record series are available in the following National Archives microfilm publications:

***M742, Selected Series of Records Issued by the Commissioner of the Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1872***

***M752, Registers and Letters Received by the Commissioner of the Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1872***

***M1027, Records of the Assistant Commissioner for the State of Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1869***

***M1026, Records of the Superintendent of Education for the State of Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands, 1864-1869***

***M1483, Records of the New Orleans Field Offices, Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1869***

***M826, Records of the Assistant Commissioner for the State of Mississippi, Bureau of Refugees, Freedmen, and Abandoned Lands, 1865-1869***

***M1875, Marriage Records of the Office of the Commissioner, Washington Headquarters of the Bureau of Refugees, Freedmen, and Abandoned Lands, 1861-1869***



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

Records in other National Archives record groups supplement those of the Assistant Commissioner. In Records of United States Army Continental Commands, 1821-1920, RG 393, are records of the military district that included Louisiana. Records relating to employment and welfare of freedmen and abandoned property before the establishment of the Bureau are among Records of Civil War Special Agencies of the Treasury Department, RG 366. The records of the Freedman's Savings and Trust Company, 1865-1874, in Records of the Office of the Comptroller of the Currency, RG 101, contain information relating to former slaves who maintained accounts with bank branches in Louisiana.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

**APPENDIX**

This list provides the names and dates of service of known Freedmen's Bureau personnel at the Plantation Department and selected subordinate field offices in Louisiana. Where noted, officers served at two locations. Additional information regarding persons assigned to various field offices might be found among the Bureau's Washington headquarters station books and rosters of military officers and civilians on duty in the states and other appointment-related records.

| LOCATION                                   | DATES               |
|--|---------------------|
| <b>PLANTATION DEPARTMENT</b>               |                     |
| <b>Superintendent</b>                      |                     |
| Capt. Frank Bagley                         | July 1865-May 1866  |
| C. R. Stickney                             | May-Sept. 1866      |
| <b>Assistant Quartermaster</b>             |                     |
| W. B. Armstrong                            | Oct. 1866-June 1867 |
| <b>ABBEVILLE</b>                           |                     |
| <b>Assistant Subassistant Commissioner</b> |                     |
| A. N. Murtagh                              | Apr. 1867-June 1868 |
| <b>ALEXANDRIA</b>                          |                     |
| <b>Assistant Superintendent</b>            |                     |
| S. G. Williams                             | June 1866-Apr. 1867 |
| <b>Assistant Subassistant Commissioner</b> |                     |
| S. G. Williams                             | May-Nov. 1867       |
| George Buttrick                            | Nov. 1867-June 1868 |
| H. P. Hathaway                             | June-Dec. 1868      |
| <b>ALGIERS</b>                             |                     |
| <b>Provost Marshal of Freedmen</b>         |                     |
| William E. Dougherty                       | May 1865-Apr. 1866  |
| <b>Agent</b>                               |                     |
| Richard Folles                             | May 1866-Apr. 1867  |
| <b>Assistant Subassistant Commissioner</b> |                     |
| Richard Folles                             | Apr. 1867-Oct. 1868 |
| Isaac Stathem                              | Oct.-Dec. 1868      |
| <b>AMITE</b>                               |                     |
| <b>Assistant Superintendent</b>            |                     |
| H. H. Rouse                                | Sept.-Dec. 1865     |
| Edward Ehrlich                             | Dec. 1865-Feb. 1866 |
| W. K. Tillotson                            | Feb.-Apr. 1866      |
| James Hough                                | Apr.-Nov. 1866      |
| <b>Assistant Subassistant Commissioner</b> |                     |
| James Hough                                | Nov. 1866-May 1868  |
| George F. Austin                           | May-Nov. 1868       |
| Joseph D. Buckley                          | Nov.-Dec. 1868      |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| LOCATION  | DATES               |
|---|---------------------|
| <b>BATON ROUGE</b>                                      |                     |
| <b>Subassistant Commissioner of the 2nd Subdistrict</b> |                     |
| George F. Schager                                       | May-June 1867       |
| William H. Webster                                      | July 1867-Jan. 1868 |
| Frank D. Garretty                                       | Jan.-June 1868      |
| Charles Hill  | July-Dec. 1868      |
| <b>BATON ROUGE</b>                                      |                     |
| <b>Agent</b>  |                     |
| M. J. Sheridan  | Feb.-Apr. 1866      |
| E. C. Phetteplace                                       | July 1866           |
| Abner Doane   | Oct. 1866           |
| William H. Webster                                      | Jan.-May 1867       |
| <b>Assistant Subassistant Commissioner</b>              |                     |
| William H. Webster                                      | May 1867-Feb. 1868  |
| George Inness   | Feb.-June 1868      |
| Charles Hill  | June-July 1868      |
| S.H.B. Schoonmaker                                      | July-Nov. 1868      |
| J. Woods Coleman  | Nov.-Dec. 1868      |
| <b>BAYOU SARA</b>                                       |                     |
| <b>Agent</b>  |                     |
| C. W. Hawes   | Dec. 1865           |
| A. H. Nickerson   | Jan. 1865-May 1866  |
| G. M. Ebert   | May-Sept. 1866      |
| Richard M. Leake  | Sept.-Oct. 1866     |
| Alexander M. Massie                                     | Nov.-Dec. 1866      |
| E. T. Lewis   | Jan.-May 1867       |
| <b>Assistant Subassistant Commissioner</b>              |                     |
| E. T. Lewis   | May-June 1867       |
| A. Finch  | June-Oct. 1867      |
| A. Finch (also St. Francisville)                        | Oct. 1867-Mar. 1868 |
| George C. Dunwell (also St. Francisville)               | Mar.-May 1868       |
| Robert M. Davis   | May-Oct. 1868       |
| F. W. Gibson (also St. Francisville)                    | Oct.-Dec. 1868      |
| <b>BRASHEAR CITY (See Franklin)</b>                     |                     |
| <b>CARROLLTON</b>                                       |                     |
| <b>Agent</b>  |                     |
| Elijah Guion  | Apr.-May 1867       |
| <b>Assistant Subassistant Commissioner</b>              |                     |
| J. J. Saville   | May-Aug. 1867       |
| George Bruning  | Sept. 1867-May 1868 |
| William Wright  | May-Dec. 1868       |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| LOCATION  | DATES                |
|---|----------------------|
| <b>CHOFIELD PLANTATION (See New Orleans)</b>            |                      |
| <b>CLINTON</b>  |                      |
| <b>Agent</b>  |                      |
| A. W. Hayes   | Feb. 1866            |
| James DeGrey  | May 1866–Apr. 1867   |
| <b>Assistant Subassistant Commissioner</b>              |                      |
| James DeGrey  | Apr. 1867–May 1868   |
| George C. Dunwell                                       | May–July 1868        |
| H. E. Barton  | Aug.–Dec. 1868       |
| <b>COLUMBIA</b>   |                      |
| <b>Agent</b>  |                      |
| William H. Webster                                      | Feb.–Dec. 1866       |
| William M. Todd   | Dec. 1866–Apr. 1867  |
| <b>Assistant Subassistant Commissioner</b>              |                      |
| William M. Todd   | Apr.–July 1867       |
| E. J. Sullivan  | Aug. 1867–June 1868  |
| Charles De Lowenstrom                                   | June–Dec. 1868       |
| <b>COVINGTON (See Madisonville)</b>                     |                      |
| <b>DE CROS STATION (See Jesuits Bend)</b>               |                      |
| <b>DONALDSONVILLE</b>                                   |                      |
| <b>Agent</b>  |                      |
| A. Milliken   | Feb. 1866            |
| St. Clair Mandeville                                    | Mar.–June 1866       |
| Henry Krause  | June–July 1866       |
| Alexander M. Massie                                     | Aug.–Oct. 1866       |
| <b>DONALDSONVILLE</b>                                   |                      |
| <b>Agent</b>  |                      |
| J. D. Rich (also St. James)                             | Mar. 1866            |
| John H. Brough (also St. James)                         | Apr.–Oct. 1866       |
| John H. Brough (also Donaldsonville)                    | Nov. 1866–Apr. 1867  |
| <b>Assistant Subassistant Commissioner</b>              |                      |
| John H. Brough  | Apr. 1867–Sept. 1868 |
| Victor Benthien   | Sept.–Oct. 1868      |
| James H. Dobie  | Oct.–Dec. 1868       |
| <b>EVERGREEN (See Marksville)</b>                       |                      |
| <b>FRANKLIN</b>   |                      |
| <b>Subassistant Commissioner of the 3rd Subdistrict</b> |                      |
| S. W. Purchase  | June–Dec. 1867       |
| J. W. Keller  | Dec. 1867–Jan. 1868  |
| W. F. Lynch   | Jan.–Feb. 1868       |
| William H. Webster                                      | Feb.–Nov. 1868       |
| Victor Benthien   | Nov.–Dec. 1868       |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| LOCATION                                   | DATES                |
|--|----------------------|
| <b>FRANKLIN</b>                            |                      |
| <b>Provost Marshal</b>                     |                      |
| Sidney E. Shepard (also Brashear City)     | Dec. 1864-July 1865  |
| Sidney E. Shepard (also Franklin)          | July-Sept. 1865      |
| E. P. Bishop                               | Sept. 1865           |
| Charles E. Merrill                         | Sept. 1865-Jan. 1866 |
| <b>Agent</b>                               |                      |
| Charles E. Merrill                         | Jan.-Apr. 1866       |
| J. W. Keller                               | May 1866-Apr. 1867   |
| <b>Assistant Subassistant Commissioner</b> |                      |
| J. W. Keller                               | Apr.-Dec. 1867       |
| George C. Dunwell                          | Jan.-Feb. 1868       |
| R. W. Mullen                               | Feb.-Oct. 1868       |
| W. F. Loan                                 | Oct.-Dec. 1868       |
| <b>HAMMOND STATION</b>                     |                      |
| <b>Agent</b>                               |                      |
| James A. Hudson (also Springfield)         | May-July 1866        |
| <b>Assistant Subassistant Commissioner</b> |                      |
| Francis Garrett (also Hammond Station)     | June-Oct. 1867       |
| P. H. Murphy                               | Nov. 1867-Sept. 1868 |
| <b>HOMER</b>                               |                      |
| <b>Assistant Subassistant Commissioner</b> |                      |
| William Stokes                             | Dec. 1867-Dec. 1868  |
| <b>HOUMA</b>                               |                      |
| <b>Assistant Superintendent</b>            |                      |
| George H. Harris                           | Dec. 1865-Jan. 1866  |
| <b>Agent</b>                               |                      |
| Henry S. Wadsworth                         | Jan.-May 1866        |
| George A. Ludlow                           | June 1866-Apr. 1867  |
| <b>Assistant Subassistant Commissioner</b> |                      |
| George A. Ludlow                           | Apr.-Nov. 1867       |
| William Woods                              | Dec. 1867-July 1868  |
| M. W. Morris                               | July-Dec. 1868       |
| <b>JEFFERSON CITY (See Carrollton)</b>     |                      |
| <b>JESUITS BEND</b>                        |                      |
| <b>Provost Marshal</b>                     |                      |
| Silas Sawyer (also St. Bernard Parish)     | Jan.-Apr. 1863       |
| William Bragg                              | Aug.-Oct. 1864       |
| Capt. George Breuning                      | Oct.-Nov. 1864       |
| Lt. Charles Brooks                         | May 1864-July 1865   |
| Charles W. Gardiner (also De Cros Station) | Sept.-Dec. 1865      |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| LOCATION   | DATES               |
|--|---------------------|
| <b>JESUITS BEND (cont.)</b>                        |                     |
| <b>Agent</b>                                       |                     |
| Charles W. Gardiner                                | Feb.-June 1866      |
| George F. Schayer (also Aliance Plantation)        | June 1866-Mar. 1867 |
| George F. Schayer                                  | Apr. 1867           |
| <b>Assistant Subassitant Commissioner</b>          |                     |
| Theodore Jaques                                    | May-Oct. 1867       |
| Edward S. Wilson                                   | Dec. 1867-Jan. 1868 |
| E. H. Hosner                                       | Jan.-Aug. 1868      |
| <br><b>KENILWORTH PLANTATION (See New Orleans)</b> |                     |
| <br><b>LABATUTS LANDING (See New Roads)</b>        |                     |
| <br><b>LAKE PROVIDENCE</b>                         |                     |
| <b>Agent</b>                                       |                     |
| George W. Rollins                                  | Jan. 1866-May 1867  |
| <b>Assistant Subassitant Commissioner</b>          |                     |
| George W. Rollins                                  | May-Oct. 1867       |
| Thomas H. Hannon                                   | Oct. 1867-Jan. 1868 |
| E. H. Masters                                      | Jan.-Dec. 1868      |
| <br><b>MADISONVILLE</b>                            |                     |
| <b>Agent</b>                                       |                     |
| A. J. Rose   | Oct. 1866           |
| W.H.R. Hangen                                      | Nov. 1866-May 1867  |
| <b>Assistant Subassitant Commissioner</b>          |                     |
| W.H.R. Hangen                                      | May 1867-Sept. 1868 |
| W.H.R. Hangen (also Covington)                     | Sept.-Nov. 1868     |
| Thomas H. Jenks, Jr. (also Covington)              | Nov.-Dec. 1868      |
| <br><b>MANSFIELD</b>                               |                     |
| <b>Assistant Subassitant Commissioner</b>          |                     |
| J. J. Walsh  | Mar. 1867-May 1868  |
| Michael Cary                                       | May-Aug. 1868       |
| Edward Henderson                                   | Aug.-Dec. 1868      |
| <br><b>MARKSVILLE</b>                              |                     |
| <b>Agent</b>                                       |                     |
| Amos S. Collins (also Evergreen)                   | Mar-Aug. 1866       |
| Amos S. Collins (also Marksville)                  | Aug. 1866-May 1867  |
| <b>Assistant Subassitant Commissioner</b>          |                     |
| Amos S. Collins                                    | May 1867-May 1868   |
| Cyrus H. Ross                                      | May-Dec. 1868       |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| LOCATION                                     | DATES                |
|--|----------------------|
| <b>MERRITS PLANTATION (See New Orleans)</b>  |                      |
| <b>MILLIKEN BEND</b>                         |                      |
| Assistant Provost Marshal                    |                      |
| D. McCall                                    | May 1864             |
| Provost Marshal                              |                      |
| Benjamin F. Cheney                           | Nov.-Dec. 1864       |
| Assistant Subassistant Commissioner          |                      |
| C. P. Varney                                 | May-Sept. 1867       |
| T. F. Cummins                                | Sept.-Dec. 1867      |
| A. J. Baby                                   | Jan.-Feb. 1868       |
| John S. Shaw                                 | Feb.-Dec. 1868       |
| <b>MONROE</b>                                |                      |
| Subassistant Commissioner of 5th Subdistrict |                      |
| Samuel C. Gold and W. W. Webb                | Mar. 1867-Aug. 1868  |
| John H. Bowen                                | Aug.-Nov. 1868       |
| <b>MONROE</b>                                |                      |
| Assistant Superintendent                     |                      |
| Frank Morey                                  | Sept.-Oct 1865       |
| Agent  |                      |
| J. H. Wisner                                 | Feb.-Mar. 1866       |
| H. A. Pease                                  | Apr. 1866            |
| Joseph Burns                                 | May 1866-Jan. 1867   |
| Frank Morey                                  | Feb.-June 1867       |
| Assistant Subassistant Commissioner          |                      |
| Charles C. Swenson                           | June-Nov. 1867       |
| W. R. Wheyland                               | Nov. 1867-Apr. 1868  |
| Edward K. Russ                               | Apr.-Aug. 1868       |
| Edward K. Russ (also Trenton)                | Aug.-Oct. 1868       |
| H. L. Irwin (also Trenton)                   | Oct.-Dec. 1868       |
| <b>MONTGOMERY</b>                            |                      |
| Assistant Subassistant Commissioner          |                      |
| D. W. White                                  | June 1867-Sept. 1868 |
| <b>MOSSY FARM PLANTATION (See Trinity)</b>   |                      |
| <b>NAPOLÉONVILLE</b>                         |                      |
| Provost Marshal                              |                      |
| J. W. Greene                                 | May-Nov. 1865        |
| Agent  |                      |
| Francis S. Dodge                             | Dec. 1865-Feb. 1866  |
| A. C. Ellis                                  | Feb. 1866-May 1867   |
| Assistant Subassistant Commissioner          |                      |
| O. H. Hempstead, Jr.                         | May-Oct. 1867        |
| John W. Sword                                | Nov. 1867-May 1868   |
| Julius Lovell                                | May-Dec. 1868        |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M P U B L I C A T I O N S**

| LOCATION   | DATES               |
|--|---------------------|
| <b>NATCHITOCHES</b>  |                     |
| <b>Subassistant Commissioner of the 4th Subdistrict</b>                                |                     |
| James Cromie   | June 1867-May 1868  |
| Isaac N. Walter  | May-July 1868       |
| N. B. McLaughlin   | July 1868           |
| G. A. Hewlett  | July-Nov. 1868      |
| Theodore W. De Klyne   | Nov.-Dec. 1868      |
| <b>NATCHITOCHES</b>  |                     |
| <b>Agent</b>   |                     |
| W. H. Henderson  | Feb.-Apr. 1866      |
| James Comie  | May 1866-May 1867   |
| <b>Assistant Subassistant Commissioner</b>   |                     |
| Charles Miller   | May 1867-Sept. 1868 |
| E. H. Hosner   | Aug.-Dec. 1868      |
| <b>NEW IBERIA</b>  |                     |
| <b>Agent</b>   |                     |
| Edmund C. Burt (also St. Martinsville)   | Dec. 1865-Jan. 1866 |
| William H. Cornelius (also St. Martinsville)   | Jan. 1866-Apr. 1867 |
| <b>Assistant Subassistant Commissioner</b>   |                     |
| William H. Cornelius (also St. Martinsville)   | Apr.-July 1867      |
| I. W. Keller (and A.A.C. Leblanc,<br>clerk, St. Martinsville)                          | Aug. 1867           |
| L. Jolissaint  | Sept.-Oct. 1867     |
| John T. White  | Nov. 1867-Dec. 1868 |
| <b>NEW ORLEANS</b>   |                     |
| <b>Assistant Subassistant Commissioner for<br/>Orleans Parish Left Bank</b>            |                     |
| A. N. Murtagh  | May 1867            |
| L. Jolissaint  | June-Aug. 1867      |
| W. H. Cornelius  | Sept. 1867          |
| John T. White  | Oct. 1867           |
| L. Jolissaint  | Nov. 1867-Dec. 1868 |
| <b>NEW ORLEANS</b>   |                     |
| <b>Assistant Subassistant Commissioner for<br/>St. Bernard and Plaquemine Parishes</b> |                     |
| Ira D. M. McClary (also Kenilworth Plantation)   | Apr.-Dec. 1867      |
| Oscare A. Rice (also Chofield Plantation)  | Jan. 1868           |
| P. J. Smalley (also Chofield Plantation and<br>P. O. Lock Box 841)                     | Jan.-June 1868      |
| H. M. Whittmore (also Merritts Plantation)   | June-Dec. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| LOCATION   | DATES               |
|--|---------------------|
| <b>NEW ROADS</b>   |                     |
| <b>Agent</b>   |                     |
| Thomas H. Hopwood (see Labatuts Landing)                         | Mar. 1866           |
| Thomas H. Hopwood  | Apr.-July 1866      |
| H. F. Wallace  | July 1866-Apr. 1867 |
| <b>Assistant Subassistant Commissioner</b>                       |                     |
| H. F. Wallace  | Apr.-Nov. 1867      |
| M. Basso (also Point Coupee)                                     | Nov. 1867-Feb. 1868 |
| C. J. Lorigan (also Waterloo)                                    | Feb.-Apr. 1868      |
| C. J. Lorigan (also New Roads and Waterloo)                      | Apr.-June 1868      |
| Victor Benthien  | July-Oct. 1868      |
| <b>PLAQUEMINE</b>  |                     |
| <b>Provost Marshal</b>   |                     |
| M. Masicot   | Jan. 1865           |
| Nelson Kenyon  | Feb.-Oct. 1865      |
| James M. Eddy  | Oct. 1865           |
| <b>Agent</b>   |                     |
| A. R. Houston  | Dec. 1865           |
| J. C. Stimmell   | Feb.-Apr. 1866      |
| F. A. Osbourn  | May 1866-Apr. 1867  |
| <b>Assistant Subassistant Commissioner</b>                       |                     |
| F. A. Osbourn  | Apr.-Dec. 1867      |
| E. Charles Merrill   | Jan.-Dec. 1868      |
| <b>POINT COUPEE (See New Rhoads)</b>                             |                     |
| <b>PORT HUDSON (See Clinton)</b>                                 |                     |
| <b>PRAIRIE LANDING (See Trinity)</b>                             |                     |
| <b>ST. BERNARD (See New Orleans)</b>                             |                     |
| <b>ST. FRANCISVILLE (See Bayou Sara)</b>                         |                     |
| <b>ST. JAMES (See Donaldsonville)</b>                            |                     |
| <b>ST JOSEPH (Subassistant Commissioner for 6th Subdistrict)</b> |                     |
| <b>(See Vidalia)</b>   |                     |
| <b>ST. JOSEPH</b>  |                     |
| <b>Agent</b>   |                     |
| David L. Jones   | Aug.-Oct. 1865      |
| A. Roberts   | Nov. 1865           |
| A. Hemingway   | Nov.-Dec. 1865      |
| R. D. Mitchell   | Jan.-Feb. 1866      |
| J. H. Hastings   | Feb. 1866-Apr. 1867 |
| <b>Assistant Subassistant Commissioner</b>                       |                     |
| J. H. Hastings   | Apr.-May 1867       |
| Edward Henderson   | May 1867-Aug. 1868  |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| LOCATION   | DATES                 |
|--|-----------------------|
| <b>ST. MARTINSVILLE (See New Iberia)</b>         |                       |
| <b>SHREVEPORT</b>                                |                       |
| Subassistant Commissioner of the 7th Subdistrict |                       |
| Martin Flood                                     | May 1867-July 1868    |
| Frank D. Garretty                                | Aug. 1868             |
| <b>SHREVEPORT</b>                                |                       |
| Assistant Superintendent                         |                       |
| D. H. Reese                                      | Oct.-Dec. 1865        |
| L. Horrigan                                      | Dec. 1865-Apr. 1866   |
| Agent  |                       |
| E. E. Williams                                   | May-June 1866         |
| William P. Hagardon                              | June 1866             |
| Martin Flood                                     | June 1866-May 1867    |
| Assistant Subassistant Commissioner              |                       |
| Thomas F. Monroe                                 | May 1867-Dec. 1868    |
| <b>SHREVEPORT</b>                                |                       |
| Superintendent of Education                      |                       |
| James McCleery                                   | Sept. 1869-Sept. 1870 |
| <b>SPARTA</b>                                    |                       |
| Assistant Subassistant Commissioner              |                       |
| E. W. Dewees                                     | Dec. 1866-Feb. 1868   |
| George Schayer                                   | Feb.-June 1868        |
| Edward Newell Bean                               | June-Dec. 1868        |
| <b>SPRINGFIELD (See Hammond Station)</b>         |                       |
| <b>THIBODEAUX</b>                                |                       |
| Agent  |                       |
| C.P.M. Taggart                                   | Aug. 1866             |
| S. A. Kohly                                      | Feb.-Mar. 1867        |
| J. D. Rich                                       | Mar.-Apr. 1867        |
| Assistant Subassistant Commissioner              |                       |
| J. D. Rich                                       | May-June 1867         |
| J.A.A. Robinson                                  | June-Nov. 1867        |
| Francis Sternberg                                | Nov. 1867-Apr. 1868   |
| Nelson Bronson                                   | Apr.-Sept. 1868       |
| I. H. Van Antwerp                                | Sept.-Oct. 1868       |
| William S. MacKenzie                             | Oct.-Nov. 1868        |
| William Hollenback                               | Nov.-Dec. 1868        |
| <b>TRENTON (See Monroe)</b>                      |                       |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

**LOCATION**

**DATES**

**TRINITY**

**Assistant Subassistant Commissioner**

M. Johnson Lemmon (also Prairie Landing)

J.H.H. Camp (also Mossy Farm Plantation)

J.H.H. Camp (also Trinity)

Van R. K. Hilliard

May 1867-July 1868

Aug. 1868

Sept.-Nov. 1868

Nov.-Dec. 1868

**VERMILLIONVILLE**

**Agent**

S. W. Purchase

**Assistant Subassistant Commissioner**

S. W. Purchase

Edward Lindemann

Oscar A. Rice

Jan. 1866-Apr. 1867

May 1867

May 1867-Jan. 1868

Jan.-Dec. 1868

**VERNON**

**Assistant Subassistant Commissioner**

W. Bishop

May 1867-Sept. 1868

**VIDALIA**

**Subassistant Commissioner of the 6th Subdistrict**

J. H. Hastings (also St. Joseph)

J. H. Hastings (also Vidalia)

George W. Rollins

Frank D. Garretty

George W. Rollins

May-June 1867

June-Oct. 1867

Nov. 1867-July 1868

July-Aug 1868

Aug.-Dec. 1868

**VIDALIA**

**Agent**

J. H. West

B. B. Brown

**Assistant Subassistant Commissioner**

B. B. Brown

George H. Dunford

Christian Rush

Alexander Hamilton

Aug.-Sept. 1865

Feb. 1868-Apr. 1867

Apr.-June 1867

June-Oct. 1867

Sept. 1867-July 1868

July-Dec. 1868

**WATERLOO (See New Roads)**



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

TABLE OF CONTENTS

| ROLL | DESCRIPTION   | DATES               |
|------|---|---------------------|
| 1    | <b>LIST OF BOOK RECORDS OF OFFICERS</b>   |                     |
|      | <i>State of Louisiana</i>   |                     |
|      | The single-volume list of records of officers in Louisiana (no date) is arranged by office, with records of the staff officers of the Assistant Commissioner first, followed alphabetically by locations of the subdistrict office. Included in the list of book records are the type of record in each book or volume, the dates of the volume, and the volume number. Throughout this introductory material and in the Table of Contents, the Adjutant General's Office (AGO) volume number appears in parentheses in the series titles of the records. <sup>10</sup> |                     |
|      | 1 Volume  |                     |
|      | <b>OFFICES OF STAFF OFFICERS</b>  |                     |
|      | <b>BOUNTY AGENT</b>   |                     |
|      | <i>Registers of Claims Received</i>   |                     |
|      | The three volumes of registers of claims received, April 1866–April 1870, 1 (60), 2 (61), and 3 (62), are arranged in two overlapping subseries and thereunder chronologically, and there are name indexes for volumes 1 (60) and 3 (62). Volume 1 (60) also contains a <b>register of discharges</b> received from agents (December 1866–March 1867) and a <b>register of certificates</b> received from Washington (June 1866–April 1868).  |                     |
|      | Volume 1 (60)   | Apr. 1866–Mar. 1867 |
|      | Volume 2 (61)   | Jan. 1867–June 1868 |
|      | Volume 3 (62)   | Apr. 1866–Apr. 1870 |
|      | <i>Registers of Claimants</i>   |                     |
|      | The two volumes of registers of claimants, May 1867–March 1872, (1) 67 and 2 (68), are arranged by time period. The entries are arranged alphabetically by initial letter of surname of claimant. The entries give the name, regiment, and company of claimant; number of certificate; name and fees of attorney; and amount of claim.  |                     |
|      | Volume 1 (67)   | May 1867–May 1868   |
| 2    | Volume 2 (68)   | July 1868–Mar. 1872 |
| 3    | <i>Name Index</i>   |                     |
|      | The single-volume name index (66) is an index to volume 2 (65) of the two registers of payments, January 1868–March 1872, listed below. It may be only a partial index.   |                     |
|      | Volume (66)   | Undated             |

<sup>10</sup> The Adjutant General's Office (AGO) of the War Department assigned the volume numbers shown in parentheses after the records came into its custody. The volume numbers not in parentheses were assigned by the National Archives and Records Administration.



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL    | DESCRIPTION  | DATES                          |
|---------|--|--------------------------------|
| 3       | <i>Registers of Payments</i>   |                                |
| (cont.) | The two volumes of registers of payments, 1 (64) and 2 (65), are dated July–October 1867 and January 1868–March 1872, respectively. Volume 1 (64) is arranged chronologically. Volume 2 (65) is arranged in chronological order and numbered by payment number. For a name index to volume 2 (65), see the single-volume name index (66) described above.  |                                |
|         | Volume 1 (64)  | July–Oct. 1867                 |
|         | Volume 2 (65)  | Jan. 1868–Mar. 1872            |
|         | <i>Register of Payments</i>  |                                |
|         | The single-volume register of payments, ca. 1868 (63), is arranged alphabetically by initial letter of surname of claimant. The register gives the name, company, and regiment, and amount paid to each claimant. The names of these claimants are not duplicated in the two volumes of registers of payments described above.   |                                |
|         | Volume (63)  | ca. 1868                       |
| 4       | <b>COMMISSARY OF SUBSISTENCE</b>   |                                |
|         | <i>Press Copies of Letters Sent</i>  |                                |
|         | The single volume of press copies of letters sent (70) is dated September 1868–April 1869. It is arranged chronologically and has a name index.  |                                |
|         | Volume (70)  | Sept. 1868–Apr. 1869           |
|         | <i>Unregistered Letters Received</i>   |                                |
|         | The unbound unregistered letters received, January 1868–June 1869, are arranged chronologically.   |                                |
|         |  | Jan. 1868–June 1869            |
|         | <i>Record of Supplies Furnished Planters</i>   |                                |
|         | The single-volume “Record of Supplies Furnished Planters for the Subsistence of Employed Freedpeople, Issued under the Provisions of Circular #1 Dated Headquarters, Bureau of Refugees, Freedmen and Abandoned Lands, District of LA. Jan. 23, 1868” (71), is dated March–July 1868 and March–November 1868. The series is arranged in two lists and thereunder chronologically. The names are numbered, and most of them appear on both lists. The lists partially duplicate each other. |                                |
|         | Volume (71)  | Mar.–July 1868; Mar.–Nov. 1868 |
| 5       | <i>Accounts</i>  |                                |
|         | The single volume of accounts, April–October 1868 (72), is arranged by parish, thereunder by name, and thereunder chronologically.   |                                |
|         | Volume (72)  | Apr. –Oct. 1868                |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL                                       | DESCRIPTION   | DATES                    |
|--|---|--------------------------|
| 5  | <i>Account Book of Planters for Supplies Furnished</i>  |                          |
| (cont.)                                    | The single-volume account book of planters for supplies furnished, January 1868–May 1869 (73), is arranged by name of planter.  |                          |
|  | Volume (73)   | Jan. 1868–May 1869       |
|  | <i>Miscellaneous Reports and Accounting Records</i>   |                          |
|  | Unbound miscellaneous reports and accounting records are dated January 1868–November 1869 and arranged chronologically  |                          |
|  |   | Jan.–June 1868           |
| 6  | <i>Miscellaneous Reports (cont.)</i>  | July 1868–Nov. 1869      |
| <b>PROVOST MARSHAL GENERAL OF FREEDMEN</b> |   |                          |
|  | <i>Letters and Endorsements Sent</i>  |                          |
|  | The single volume of letters and endorsements sent, August 1865–January 1867 (128), is arranged by type of record and thereunder chronologically. The letters sent are dated August–September 1865, and the endorsements are dated September 1865–January 1867.   |                          |
|  | Volume (128)  |                          |
|  | Letters Sent  | Aug.–Sept. 1865          |
|  | Endorsements Sent   | Sept. 1865–Jan. 1867     |
|  | <i>Press Copies of Letters Sent</i>   |                          |
|  | The two volumes of press copies of letters sent, June 1865–December 1866, 1 (126) and 2 (127), are arranged chronologically and have name indexes. The dates of the volumes overlap. Some of the letters are duplicated in the single volume of letters and endorsements sent (128) described above.  |                          |
|  | Volume 1 (126)  | June–Oct. 1865           |
|  | Volume 2 (127)  | Aug. 1865–Dec. 1866      |
| 7  | <i>Register of Letters Received</i>   |                          |
|  | The single-volume register of letters received, January–October 1865 and February 1867 (125), is arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically.  |                          |
|  | Volume (125)  | Jan.–Oct 1865; Feb. 1867 |
|  | <i>Register of Letters Received ("Transmittal Book")</i>  |                          |
|  | The single-volume register of letters received titled "Transmittal Book"(21) is dated ca. 1866 and arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically (no dates actually stated). The "EB" numbers given in the left column refer to page numbers in the endorsement section of the single volume of letters and endorsements sent (128) described above. |                          |
|  | Volume (21)   | ca. 1866                 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES   |
|---------|---|---|
| 7       | <i>Letters Received by G. W. Foster</i>   |   |
| (cont.) | The single volume of letters received by G. W. Foster, assistant provost marshal general of freedmen, September–November 1865 (98), is arranged chronologically. The volume also contains a <b>register of school taxes</b> dated March–April 1866.   |   |
|         | Volume (98)   | Sept. 1865–Apr. 1866                            |
|         | <i>Special Orders Received</i>  |   |
|         | The single volume of special orders received, August 1865–June 1866 (129), is arranged chronologically.   |   |
|         | Volume (129)  | Aug. 1865–June 1866                             |
|         | <i>Registers of Proceedings in Freedmen's Court</i>   |   |
|         | The two volumes of registers of proceedings in Freedmen's court are dated November 1864–October 1868 and September 1865–March 1866, 1 (134) and 2 (135), respectively. The entries in each volume are arranged chronologically, but the dates of each volume overlap. Both volumes have name indexes. The entries in the volumes give the name of the accused, nature of charge, the date tried, and the sentence of findings or the court. |   |
|         | Volume 1 (134)  | Nov. 1864–Oct. 1868                             |
|         | Volume 2 (135)  | Sept. 1865–Mar. 1866                            |
|         | <i>Registers of Complaints</i>  |   |
|         | The three volumes of registers of complaints, 1 (136), 2 (137), and 3 (140), cover the period 1865–68. The entries within the registers are arranged chronologically although the dates of the volumes overlap. The entries consist of the freedman's name, residence, and a summary of the complaint.  |   |
|         | Volume 1 (136)  | Jan.–Dec. 1868                                  |
|         | Volume 2 (137)  | Aug. 1865–Jan. 1868                             |
|         |   | Sept–Oct. 1868                                  |
|         | Volume 3 (140)  | Mar. 1865–Jan. 1866                             |
|         | <i>Complaints</i>   |   |
|         | The two volumes of complaints, February–March 1863, October–December 1864, and January–December 1865, 1 (138) and 2 (139), are arranged chronologically. Volume 1 (138) also contains a <b>register of passes</b> , March–July 1865, and a few <b>letters sent by the Superintendent of Negro Labor</b> , Department of the Gulf, March 1863.   |   |
|         | Volume 1 (138)  | Feb.–Mar 1863; Oct–Dec. 1864;<br>Jan.–Dec. 1865 |
|         | Volume 2 (139)  | Aug.–Sept. 1865                                 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES  |
|------|--|--|
| 8    | <i>Registers of Houses Occupied by Soldiers' Families</i><br>The four volumes of registers of houses occupied by soldiers' families, 1 (146), 2 (147), 3 (148), and 4 (149), are dated ca. 1865. Volumes 1 (146) and 4 (149) are arranged by house. Volumes 2 (147) and 3 (148) are arranged alphabetically by initial letter of surname of owner of the house.<br><br>Volume 1 (146)<br>Volume 2 (147)<br>Volume 3 (148)<br>Volume 4 (149)  | 1865<br>Feb.-Aug. 1865<br>Feb.-Oct. 1865<br>1865 |
|      | <i>Registers of Conscripts</i><br>The three volumes of registers of conscripts, 1 (131), 2 (132), and 3 (133) cover the period 1864-68. The entries in the registers are arranged by parish. The names of the freedmen often appear in all three volumes. There are lists of parishes in each register.<br><br>Volume 1 (131)<br>Volume 2 (132)<br>Volume 3 (133)  | 1864-68<br>1864-66<br>1864-65                    |
|      | <i>Register of Refugees</i><br>The single-volume register of refugees covers the period 1864-67 (142). Entries covering the periods March-April and July-September 1865 are arranged numerically and are of refugees at the Commercial and Western Verandah Hotels, New Orleans. Entries covering the periods October 1865-February 1866 and June 1866 are arranged chronologically and are of the Refugees' Home, which in February 1866 became the Refugees' Home at the U.S. Freedmen's Hospital.<br><br>Volume (142) | 1864-67  |
|      | <i>Indentures for Orphan Children</i><br>The single-volume of indentures for orphan children, October 1865-February 1867 (144), is arranged in chronological order and numbered. The volume has a name index.<br><br>Volume (144)  | Oct. 1865-Feb. 1867                              |
| 9    | <i>Register of Contracts</i><br>The single-volume register of contracts dated 1868 (130) is arranged by parish.<br><br>Volume (130)  | 1868   |
|      | <i>Morning Reports of Refugees</i><br>The single volume of morning reports of refugees dated March 1865-March 1866 (143) is arranged chronologically.<br><br>Volume (143)  | Mar. 1865-Mar. 1866                              |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

| ROLL    | DESCRIPTION   | DATES                |
|---------|---|----------------------|
| 9       | <i>Receipt Book for Money</i>   |                      |
| (cont.) | The single-volume receipt book for money dated September 1865–January 1866 (141) is arranged chronologically.   |                      |
|         | Volume (141)  | Sept. 1865–Jan. 1866 |
|         | <i>Accounts</i>   |                      |
|         | The single volume of accounts dated 1859–66 (145) is arranged in general chronological order and has a name index.  |                      |
|         | Volume (145)  | 1859–66              |
|         | <b>QUARTERMASTER</b>  |                      |
|         | <i>Register of Letters Received</i>   |                      |
|         | The single-volume register of letters received, July 1867–January 1868 (57), is arranged by month and thereunder numerically.   |                      |
|         | Volume (57)   | July 1867–Jan. 1868  |
|         | <i>Register of Vouchers Issued</i>  |                      |
|         | The single-volume register of vouchers issued, July 1865–April 1866 (54), is arranged by month. The entries give the date the voucher was issued, name of person to whom issued, amount, and purpose of expenditure. Most vouchers are for rent of buildings. |                      |
|         | Volume (54)   | July 1865–Apr. 1866  |
|         | <i>Accounts Current of Captain W. B. Armstrong</i>  |                      |
|         | Unbound accounts current of Captain W. B. Armstrong dated March–June 1866 are arranged chronologically.   |                      |
|         |   | Mar.–Apr. 1866       |
| 10      | <i>Accounts Current (cont.)</i>   | Apr.–June 1866       |
| 11      | <b>SURGEON IN CHIEF</b>   |                      |
|         | <b>Correspondence</b>   |                      |
|         | <i>Letters Sent</i>   |                      |
|         | The two volumes of letters sent dated August 1865–May 1869, 1 (81) and 2 (82), are arranged chronologically. There is a name index in Volume 2 (82).  |                      |
|         | Volume 1 (81)   | Aug. 1865–Mar. 1868  |
|         | Volume 2 (82)   | Apr. 1868–May 1869   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                 |
|---------|--|-----------------------|
| 11      | <i>Letters Sent</i>  |                       |
| (cont.) | Unbound letters sent, August 1865–June 1867, are arranged chronologically. Most of the letters were copied into volume 1 (81) of the letters sent described above.   |                       |
|         |  | Aug. 1865–June 1867   |
| 12      | <i>Endorsements Sent and Received</i>  |                       |
|         | The single volume of endorsements sent and received, August 1865–May 1869 (83), is arranged chronologically. At the front of the volume are <b>copies of orders received</b> by the chief medical officer.   |                       |
|         | Volume (83)  | Aug. 1865–May 1869    |
|         | <i>Register of Letters Received</i>  |                       |
|         | The single-volume register of letters received, August 1865–January 1869 (78), is arranged alphabetically by initial letter of surname of correspondent and thereunder arranged in chronological order and numbered. For the actual letters received, see the series of registered letters received described below. |                       |
|         | Volume (78)  | Aug. 1865–Jan. 1869   |
| 13      | <i>Registered Letters Received</i>   |                       |
|         | Unbound registered letters received, September 1865–Sept 1868, are arranged according to their entry in the single-volume register of letters received described above.  |                       |
|         |  | Sept. 1865–Sept. 1868 |
|         | <i>Unregistered Letters Received</i>   |                       |
|         | Unbound unregistered letters received, July 1865–May 1869, are arranged chronologically.   |                       |
|         |  | July 1865–Dec. 1866   |
| 14      | <i>Unregistered Letters (cont.)</i>  | Jan. 1867–May 1869    |
| 15      | <i>Scrapbook of Telegrams Received</i>   |                       |
|         | The single-volume scrapbook of telegrams received, August–November 1865 (80), is arranged chronologically.   |                       |
|         | Volume (80)  | Aug.–Nov. 1865        |
|         | <i>Special Orders and Extracts of Special Orders Received Relating to the Medical Office</i>   |                       |
|         | The single volume of special orders and extracts of special orders received relating to the medical office, August 1865–April 1869 (79), is arranged chronologically and has a name index. A few letters received that relate to personnel are included.   |                       |
|         | Volume (79)  | Aug. 1865–Apr. 1869   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                |
|---------|--|----------------------|
| 15      | <b>Reports</b>   |                      |
| (cont.) | <i>Chief Medical Officer's Annual and Monthly Reports of Operations</i>  |                      |
|         | Unbound chief medical officer's annual and monthly reports of operations, 1866-69, are arranged by type of report and thereunder chronologically. The annual reports are dated October 1866-September 1868, and the monthly ones, March 1868-March 1869.   |                      |
|         | Annual Reports   | Oct. 1866-Sept. 1868 |
|         | Monthly Reports  | Mar. 1868-Mar. 1869  |
|         | <i>Monthly Returns of Medical Officers in Louisiana</i>  |                      |
|         | Unbound monthly returns of medical officers in Louisiana, July 1865-May 1869, are arranged chronologically. The returns list the names of the surgeons, their stations, ranks, the nature of their duties, and the dates of their commission or contract.  |                      |
|         |  | July 1865-May 1869   |
|         | <i>Monthly Reports of Persons and Articles Hired</i>   |                      |
|         | Unbound monthly reports of persons and articles hired, December 1865-May 1869, are arranged chronologically.   |                      |
|         |  | Dec. 1865-May 1869   |
| 16      | <i>Weekly and Monthly Reports of Sick and Wounded</i>  |                      |
|         | Unbound weekly and monthly reports of sick and wounded, August 1864-May 1869, are arranged by type of report and thereunder chronologically. Included are both reports from surgeons and copies of the chief medical officer's reports sent to Washington. |                      |
|         |  | July 1865-Mar. 1866  |
| 17      | <i>Reports (cont.)</i>   | Apr.-Oct. 1866       |
| 18      | <i>Reports (cont.)</i>   | Nov. 1866-June 1867  |
| 19      | <i>Reports (cont.)</i>   | July-Dec. 1867       |
| 20      | <i>Reports (cont.)</i>   | Jan.-July 1868       |
| 21      | <i>Reports (cont.)</i>   | Aug. 1868-May 1869   |
| 22      | <i>Reports (cont.)</i>   | Aug. 1864-June 1867  |
| 23      | <i>Reports (cont.)</i>   | July 1867-May 1869   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

- | ROLL | DESCRIPTION   | DATES                |
|------|---|----------------------|
| 24   | <i>Weekly Reports Received from Surgeons Concerning Cholera Cases</i><br>Unbound weekly reports received from surgeons concerning cholera cases, July 1867–February 1868, are arranged chronologically. The surgeons listed the names and ages of cholera victims and dates of attack, recovery, or death on tabular reports.         | July 1867–Feb. 1868  |
|      | <i>Monthly Reports of Attendants Employed</i><br>Unbound monthly reports of attendants employed, August 1865–May 1869, are arranged chronologically. Included are reports from subordinates and retained copies of those sent to Bureau headquarters in Washington, DC.   | Aug. 1865–May 1869   |
| 25   | <i>Reports of Rations Issued</i><br>Unbound reports of rations issued, October 1865–May 1869, are arranged chronologically.   | Oct. 1865–May 1869   |
|      | <i>Morning Reports of the Assistant Surgeon at Birney Plantation</i><br>Unbound morning reports of the assistant surgeon at Birney Plantation, January 1864–February 1865, are arranged chronologically. The reports show the number of freedmen who were sick, the number who died, the number discharged, and the number remaining. | Jan. 1864–Feb. 1865  |
|      | <i>Miscellaneous Reports</i><br>Unbound miscellaneous reports dated August 1865–September 1868 are arranged chronologically.  | Aug. 1865–Sept. 1868 |
|      | <b>Other Records</b><br><i>Register of Patients</i><br>The single-volume register of patients, July 1865–April 1869 (86), is arranged in chronological order by date of admission and numbered.   |                      |
|      | Volume (86)   | July 1865–Apr. 1869  |
| 26   | <i>Employee Contracts</i><br>Unbound employee contracts, October 1865–April 1869, are arranged chronologically. The printed contracts usually give the name, race, station, and salary of the nurse or hospital attendant.  | Oct. 1865–Apr. 1869  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 26      | <i>Registers of Assessments of Cargoes for Hospital Tax</i>   |                     |
| (cont.) | The three volumes of registers of assessments of cargoes for hospital tax are dated February–June 1865, 1 (99), 2 (100), and 3 (101). The dates of the volumes overlap: volume 1 (99), February–June 1865; volume 2 (100), February–June 1865; and volume 3 (101), March–June 1865. The entries within the volumes are arranged chronologically. The entries give the name of the boat, its owner, the cargo, and the amount of tax.  |                     |
|         | Volume 1 (99)   | Feb.–June 1865      |
|         | Volume 2 (100)  | Feb.–July 1865      |
|         | Volume 3 (101)  | Mar.–June 1865      |
|         | <i>Requisitions for Medical Supplies</i>  |                     |
|         | The single volume of requisitions for medical supplies, August 1865–June 1869 (85), is arranged chronologically.  |                     |
|         | Volume (85)   | Aug. 1865–June 1869 |
| 27      | <b>SUBORDINATE OFFICE<br/>PLANTATION DEPARTMENT</b>   |                     |
|         | <i>A Bureau of Free Labor was established in the Department of the Gulf under a superintendent. The superintendent's office became the Assistant Commissioner's in Louisiana in 1865 when the Bureau of Refugees, Freedmen, and Abandoned Lands was created. In July 1865, a Plantation Department was created under the Assistant Commissioner to supervise black labor and enforce Bureau labor regulations, which had been the primary function of the earlier Bureau of Free Labor. The records of the early Bureau are described with those of the Plantation Department. When the Plantation Department was abolished in 1866, the assistant quartermaster of the district carried out its functions.</i> |                     |
|         | <i>Press Copies of Letters Sent</i>   |                     |
|         | The single volume of press copies of letters sent, May 1866–June 1867 (89), is arranged chronologically. Most of the letters are addressed to plantation owners but some are to Bureau officers.  |                     |
|         | Volume (89)   | May 1866–June 1867  |
|         | <i>Register of Letters Received and Endorsements Sent and Received</i>  |                     |
|         | The single-volume register of letters received and endorsements sent and received, July 1864–July 1865 (88), is arranged chronologically.   |                     |
|         | Volume (88)   | July 1864–July 1865 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 27      | <i>Register of Letters Received</i>   |                     |
| (cont.) | The single-volume register of letters received, September–October 1865 (74), is arranged alphabetically by initial letter of surname of the correspondent.  |                     |
|         | Volume (74)   | Sept.–Oct. 1865     |
|         | <i>Inspection Reports</i>   |                     |
|         | The single volume of inspection reports, August–September 1865 (90), is arranged by parish and thereunder by name of plantation. There is a name index to inspectors in the volume.   |                     |
|         | Volume (90)   | Aug.–Sept. 1865     |
|         | <i>Registers of Black Persons</i>   |                     |
|         | The eleven volumes of registers of black persons are undated and are arranged alphabetically by initial letter of name or surname of the person. The entries give the name, age, sex, class of laborer, and wages of former slave; the name and residence of the former owner; and the name and parish of the present employer.   |                     |
|         | Volume 1 (110)  | A–B Undated         |
|         | Volume 2 (111)  | C–D "               |
| 28      | <i>Registers (cont.)</i>  |                     |
|         | Volume 3 (112)  | E–F "               |
|         | Volume 4 (113)  | G–H "               |
|         | Volume 5 (114)  | I–J "               |
|         | Volume 6 (115)  | K–L "               |
|         | Volume 7 (116)  | M–N "               |
| 29      | <i>Registers (cont.)</i>  |                     |
|         | Volume 8 (117)  | O–P "               |
|         | Volume 9 (118)  | Q–R "               |
|         | Volume 10 (119)   | S–T "               |
|         | Volume 11 (120)   | W–Z "               |
|         | <i>Freedmen's Employment Registers</i>  |                     |
|         | The two volumes of freedmen's employment registers are dated April 1864–April 1865, 1 (91) and 2 (92). The registers overlap in dates: volume 1 (91) is dated April 1864–January 1865 and volume 2 (92), June 1864–April 1865. The entries within the registers are arranged chronologically. Each entry records for the freedman the name, age, and sex; the names of former owners; former residence; and the name and residence of the employer. |                     |
|         | Volume 1 (91)   | Apr. 1864–Jan. 1865 |
|         | Volume 2 (92)   | June 1864–Apr. 1865 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION   | DATES                |
|------|---|----------------------|
| 30   | <i>Registers and Payrolls of Freedmen Employed on Plantations</i><br>Unbound registers and payrolls of freedmen employed on plantations, 1864-68, are arranged alphabetically by parish. The registers give the names, ages, sex, and class of the laborer; names of former owners; and former residences of freedmen. The payrolls give similar information except that they include the freedmen's monthly wages, the number of days worked, amount of money received, and signatures or "X." |                      |
|      | Ascension Parish  | 1864-67              |
| 31   | Ascension and Assumption  | 1865-67              |
| 32   | Assumption  | 1865-67              |
| 33   | Assumption and Carroll  | 1865-67              |
| 34   | Concordia, East Baton Rouge, Iberville  | 1865-67              |
| 35   | Iberville, Jefferson, Lafayette, Madison, Natchitoches  | 1864-68              |
| 36   | Point Coupee, Sabine, St. Charles, St. Helena, St. James  | 1864-68              |
| 37   | St. James   | 1864-66              |
| 38   | St. John de Baptiste, St. Martin, St. Mary, Tensas  | 1864-68              |
| 39   | Terre Bonne, West Baton Rouge, West Feliciana   | 1864-68              |
|      | <i>Freedmen's Labor Contracts</i><br>The single volume of freedmen's labor contracts, September 1863-December 1864 (93), is arranged chronologically. The volume also contains an employment register that was probably compiled in 1864.   |                      |
|      | Volume (93)   | Sept. 1863-Dec. 1864 |
| 40   | <i>Labor Contracts (Agreements with Freedmen)</i><br>Unbound labor contracts ("agreements with freedmen"), 1864-68, are arranged alphabetically by parish.  |                      |
|      | Ascension and Assumption  | 1864-68              |
| 41   | Avoyelles, Bienville, Bossier, Caddo  | 1866-68              |
| 42   | Caldwell and Carroll  | 1866-68              |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION   | DATES   |
|------|---|---------|
| 43   | Catahoula, Claiborne, Concordia, DeSoto, East Baton Rouge   | 1866-68 |
| 44   | East Baton Rouge, East Feliciana, Franklin, Iberville   | 1864-68 |
| 45   | Iberville, Jefferson, Lafayette   | 1864-68 |
| 46   | Lafayette, La Fourche, Livingston, Madison, Morehouse, Natchitoches, Orleans, Ouchita, Plaquemines, Pt. Coupee  | 1866-68 |
| 47   | Point Coupee, Rapides, Sabine   | 1865-68 |
| 48   | St. Charles, St. Helena, St. James, St. Landry  | 1865-68 |
| 49   | St. Martin and St. Mary's   | 1865-68 |
| 50   | Tensas, Terrabonne, Vermillion, Washington, West Baton Rouge  | 1865-68 |
| 51   | West Feliciana and Winn   | 1865-68 |
|      | Miscellaneous Agreements  | 1864-68 |
| 52   | <p><i>Lists of Contracts with Freedmen</i></p> <p>The two volumes of lists of contracts with freedmen, 1 (94) and 2 (95), are dated 1865. The entries in the volumes are arranged by parish and thereunder numerically, and each volume contains a name index to the parishes. Each entry gives the number of the contract, the number of laborers, the name of the lessee or owner, and the plantation.</p> <p>Volume 1 (94)                      ca. 1865</p> <p>Volume 2 (95)                      ca. 1865</p> <p><i>Daily Record of Cotton Picked on the Carondolet Plantation</i></p> <p>The single-volume "daily record of cotton picked on the Carondolet Plantation," November-December 1863 (121), is arranged by month and thereunder by initial letter of the name of the cotton picker. The volume also contains accounts, 1864, arranged by name of person and thereunder chronologically.</p> <p>Volume (121)                      Nov.-Dec. 1863</p> <p><i>Register of Payrolls of Freedmen on Plantations</i></p> <p>The single-volume register of payrolls of freedmen on plantations (96) is undated. It is arranged by parish and thereunder numerically and has a name index to parishes. The entries give the name of the planter, the name of the plantation, and the amount of the payroll.</p> <p>Volume (96)                      Undated</p> |         |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 52      | <i>Cash Account Books</i>   |                     |
| (cont.) | The two volumes of cash account books are dated 1864-66, 1 (97) and 2 (122). Each book is arranged by name of planter with whom there was an account and thereunder chronologically.  |                     |
|         | Volume 1 (97)   | 1864-65             |
|         | Volume 2 (122)  | 1866                |
|         | <i>Ledger of Accounts</i>   |                     |
|         | The single-volume ledger of accounts, February-June 1865 (33), is arranged by account and has a name index.   |                     |
|         | Volume (33)   | Feb.-June 1865      |
|         | <b>SUBORDINATE FIELD OFFICES</b>  |                     |
|         | <b>ABBEVILLE (ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|         | <i>Letters Sent</i>   |                     |
|         | The single volume of letters sent, June 1867-June 1868 (173), is arranged chronologically and has a name index.   |                     |
|         | Volume (173)  | June 1867-June 1868 |
|         | <i>Register of Letters Received</i>   |                     |
|         | The single-volume register of letters received, May 1867-July 1868 (172), is arranged chronologically and has a name index. For an unduplicated register for the same period, see the single-volume scrapbook of letters received (171) described below.  |                     |
|         | Volume (172)  | May 1867-July 1868  |
|         | <i>Scrapbook of Letters Received</i>  |                     |
|         | The single-volume scrapbook of letters received, May-October 1867 (171), is arranged chronologically. The volume includes a few circulars and extracts of special orders. The volume also contains a <b>register of letters received</b> (June 1867-July 1868), arranged chronologically with a name index. The letters received are registered in either this register or in the single-volume register of letters received (172) described above. |                     |
|         | Volume (171)  | May-Oct. 1867       |
|         | <i>Letters Received</i>   |                     |
|         | Unbound letters received, February-April 1868, are arranged chronologically.  |                     |
|         |   | Feb.-Apr. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES                |
|---------|---|----------------------|
| 52      | <i>Narrative Reports</i>  |                      |
| (cont.) | The single volume of narrative reports, November 1867–June 1868 (174), is arranged chronologically and has a name index.  |                      |
|         | Volume (174)  | Nov. 1867–June 1868  |
|         | <i>Reports of Persons and Articles Hired</i>  |                      |
|         | Unbound reports of persons and articles hired, September 1867–June 1868, are arranged chronologically.  |                      |
|         |   | Sept. 1867–June 1868 |
|         | <i>Monthly Returns of Stores</i>  |                      |
|         | Unbound monthly returns of stores, June 1867–June 1868, are arranged chronologically.   |                      |
|         |   | June 1867–June 1868  |
|         | <i>Miscellaneous Records</i>  |                      |
|         | Unbound miscellaneous records, June 1867–June 1868, are arranged by type of record. The records include subvouchers (June 1868); special orders received, (December 1867); bills of lading (June 1867–April 1868); contracts (March 1868); and abstracts (April–June 1868).   |                      |
|         |   | June 1867–June 1868  |
|         | <b>ALEXANDRIA (ASSISTANT SUPERINTENDENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                      |
|         | <i>Letters Sent</i>   |                      |
|         | The two volumes of letters sent, March 1866–December 1868, 1 (179) and 2 (180), are arranged chronologically, and each volume has a name index. Volume 2 (180) also contains a <b>register of contracts</b> for Parish Rapides, 1865. Information in the volume includes date, termination, and parties to the contract; class of laborers (men, women, or children); average wages; number at work for support only; number of acres in plantation; how cultivated; and the witnesses to the contract. There is also a <b>register of contracts</b> for Parish Avoyelles, 1865, which includes the same information as for Parish Rapides. |                      |
|         | Volume 1 (179)  | Mar. 1866–Sept. 1868 |
|         | Volume 2 (180)  | Sept.–Dec. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 52      | <i>Registers of Letters Received</i>  |                     |
| (cont.) | The three volumes of registers of letters received, January 1867–October 1868, 1 (176), 2 (177), and 3 (178), are arranged by time period. There are name indexes for volumes 2 (177) and 3 (178). The entries in volumes 1 (176) and 2 (177) are arranged alphabetically by initial letter of the surname of correspondent and thereunder arranged in chronological order and numbered. Entries in volume 3 (178) are arranged chronologically and include endorsements. |                     |
|         | Volume 1 (176)  | Jan.–Dec. 1867      |
|         | Volume 2 (177)  | Jan.–Aug. 1868      |
|         | Volume 3 (178)  | Sept.–Oct. 1868     |
| 53      | <i>Registered Letters Received</i>  |                     |
|         | Unbound registered letters received, January 1867–August 1868, are arranged by year, thereunder by initial letter of surname of writer, and thereunder arranged in chronological order by date received and numbered. The letters are registered in three volumes of registers of letters received described above.   |                     |
|         |   | Jan. 1867–Aug. 1868 |
|         | <i>Unregistered Letters Received</i>  |                     |
|         | Unbound unregistered letters received, March 1866–December 1868, are arranged chronologically by date received.   |                     |
|         |   | Mar. 1866–Dec. 1868 |
|         | <i>Letters and Circulars Received</i>   |                     |
|         | The single volume of letters and circulars received, March–November 1866 (175), is arranged chronologically. The volume also contains <b>special orders and circulars received</b> , July 1865–November 1866, arranged chronologically.   |                     |
|         | Volume (175)  | Mar–Nov. 1866       |
|         | <i>Trimonthly Reports of Operations</i>   |                     |
|         | Unbound trimonthly reports of operations, June 1867–February 1868, are arranged chronologically.  |                     |
|         |   | June 1867–Feb. 1868 |
| 54      | <i>School Reports</i>   |                     |
|         | Unbound school reports, January 1867–November 1868, are arranged chronologically.   |                     |
|         |   | Jan. 1867–Nov. 1868 |
|         | <i>Returns of School Property</i>   |                     |
|         | Unbound returns of school property, August 1866–December 1868, are arranged chronologically.  |                     |
|         |   | Aug. 1866–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES               |
|---------|--|---------------------|
| 54      | <i>Monthly Reports of Receipts and Expenditures of Schools</i>   |                     |
| (cont.) | Unbound monthly reports of receipts and expenditures of schools, January 1867–August 1868, are arranged chronologically.   |                     |
|         |  | Jan. 1867–Aug. 1868 |
|         | <i>Monthly Inspection Reports</i>  |                     |
|         | Unbound monthly inspection reports, February 1866–October 1868, are arranged chronologically.  |                     |
|         |  | Feb. 1866–Oct. 1868 |
|         | <i>Reports of Indigent and Helpless Freedmen and Whites Applying for Relief</i>  |                     |
|         | The single-volume of reports of indigent and helpless freedmen and whites applying for relief, August 1867–January 1868 (182), is arranged chronologically. The volume also contains <b>complaints</b> dated June 1866–September 1868. |                     |
|         | Volume (182)   | Aug. 1867–Jan. 1868 |
|         | <i>Monthly Reports of Persons and Articles Hired</i>   |                     |
|         | Unbound monthly reports of persons and articles hired, July 1866–August 1868, are arranged chronologically.  |                     |
|         |  | July 1866–Aug. 1868 |
|         | <i>Monthly Returns of Rations Issued and Stores</i>  |                     |
|         | Unbound monthly returns of rations issued and stores, January–June 1868, are arranged chronologically.   |                     |
|         |  | Jan.–June 1868      |
|         | <i>Reports of Supplies Issued Planters</i>   |                     |
|         | Unbound monthly reports of supplies issued planters, March–September 1868, are arranged chronologically.   |                     |
|         |  | Mar.–Sept. 1868     |
|         | <i>Indentures</i>  |                     |
|         | Unbound indentures, December 1865–December 1866, are arranged chronologically.   |                     |
|         |  | Dec. 1865–Dec. 1866 |
|         | <i>Miscellaneous Lists Relating to Bounties</i>  |                     |
|         | The single volume of miscellaneous lists relating to bounties, 1865–67 (181), is arranged by type of list.   |                     |
|         | Volume (181)   | 1865–67             |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 54      | <i>Accounts with Planters for Stores Supplied</i>   |                     |
| (cont.) | The single volume of accounts with planters for stores supplied, March–September 1868 (183), is arranged by name of planter and thereunder chronologically. The volume has a name index.  |                     |
|         | Volume (183)  | Mar.–Sept. 1868     |
|         | <i>Bills of Lading</i>  |                     |
|         | Unbound bills of lading, April 1867–December 1868, are arranged chronologically.  |                     |
|         |   | Apr. 1867–Dec. 1868 |
|         | <i>Miscellaneous Records</i>  |                     |
|         | Unbound miscellaneous records, August 1865–November 1868, are arranged by type of record.   |                     |
|         |   | Aug. 1865–Nov. 1868 |
|         | <b>ALGIERS (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|         | <i>Letters Sent</i>   |                     |
|         | The five volumes of letters sent, May 1866–December 1868, 1 (187), 2 (188), 3 (189), 4 (190), and 5 (191), are arranged chronologically, and each volume has a name index. Volume 1 (187) also contains <b>memorandums</b> , June 1865–April 1866, and volume 4 (190) also contains <b>endorsements</b> , May–June 1867.              |                     |
|         | Volume 1 (187)  | May 1866–Sept. 1867 |
|         | Volume 2 (188)  | Apr. 1867–Feb. 1868 |
|         | Volume 3 (189)  | Mar.–Sept. 1868     |
|         | Volume 4 (190)  | Sept.–Nov. 1868     |
|         | Volume 5 (191)  | Nov.–Dec. 1868      |
| 55      | <i>Endorsements Sent and Received</i>   |                     |
|         | The single volume of endorsements sent and received, January–December 1868 (194), is arranged chronologically and has a name index.   |                     |
|         | Volume (194)  | Jan.–Dec. 1868      |
|         | <i>Registers of Letters Received</i>  |                     |
|         | The two volumes of registers of letters received, January 1867–December 1868, 1 (184) and 2 (185), are arranged by initial letter of surname of writer and thereunder arranged in chronological order by date received and numbered. Both volumes have name indexes. The volumes also include <b>endorsements sent and received</b> . |                     |
|         | Volume 1 (184)  | Jan.–Dec. 1867      |
|         | Volume 2 (185)  | Jan.–Dec. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 55      | <i>Letters, Special Orders, and Circulars Received</i>  |                     |
| (cont.) | The single volume of letters, special orders, and circulars received, November 1866–August 1868 (186), is arranged chronologically.   |                     |
|         | Volume (186)  | Nov. 1866–Aug. 1868 |
|         | <i>Registered Letters Received</i>  |                     |
|         | Unbound registered letters received, January 1867–December 1868, are arranged according to their entry in the two volumes of registers of letters received 1 (184) and 2 (185) described above.   |                     |
|         |   | Jan. 1867–Dec. 1868 |
|         | <i>Unregistered Letters Received</i>  |                     |
|         | Unbound unregistered letters received, May 1865–December 1868, are arranged chronologically by date received.   |                     |
|         |   | May 1865–Dec. 1868  |
| 56      | <i>Special Orders and Circulars Issued</i>  |                     |
|         | The single volume of special orders and circulars issued, March 1866–December 1867 (195), is arranged chronologically and has a name index. The volume also contains indentures (April 1866), arranged chronologically, and one circular received (March 14, 1866). |                     |
|         | Volume (195)  | Mar. 1866–Dec. 1867 |
|         | <i>Trimonthly Reports of Operations</i>   |                     |
|         | The two volumes of trimonthly reports of operations, January 1867–December 1868, 1 (192) and 2 (193), are arranged chronologically. There is a name index to volume 2 (193) dated 1868.   |                     |
|         | Volume 1 (192)  | Jan.–Dec. 1867      |
|         | Volume 2 (193)  | Jan.–Dec. 1868      |
|         | <i>Trimonthly Reports of Operations</i>   |                     |
|         | Unbound trimonthly reports of operations, January–December 1866, are arranged chronologically.  |                     |
|         |   | Jan.–Dec. 1866      |
|         | <i>School Reports</i>   |                     |
|         | Unbound school reports, May 1866–December 1867, are arranged chronologically.   |                     |
|         |   | May 1866–Dec. 1867  |



7

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION   | DATES               |
|------|---|---------------------|
| 56   | <i>Monthly Returns of School Property</i><br>(cont.) Unbound monthly returns of school property, May 1866–November 1868, are arranged chronologically.  | May 1866–Nov. 1868  |
|      | <i>Reports of Assistant Inspector of Freedmen</i><br>Unbound reports of the assistant inspector of freedmen, January 1866–November 1868, are arranged chronologically. Included are quarterly consolidated reports. | Jan. 1866–Nov. 1868 |
|      | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, November 1866–December 1868, are arranged chronologically.   | Nov. 1866–Dec. 1868 |
|      | <i>Monthly Returns of Public Animals</i><br>Unbound monthly returns of public animals, May 1866–December 1867, are arranged chronologically.  | May 1866–Dec. 1867  |
|      | <i>Returns of Ordnance and Ordnance Stores</i><br>Unbound returns of ordnance and ordnance stores, May 1866–December 1867, are arranged chronologically. The records also include invoices of stores.               | May 1866–Dec. 1867  |
|      | <i>Monthly Reports of Numbers Issued Rations, Clothing and Medicines</i><br>Unbound monthly reports of numbers issued rations, clothing, and medicines, February–April 1866, are arranged chronologically.          | Feb.–Apr. 1866      |
|      | <i>Monthly Returns of Provisions Issued Destitutes</i><br>Unbound monthly returns of provisions issued destitutes, January–July 1868, are arranged chronologically.   | Jan.–July 1868      |
| 57   | <i>Monthly Returns of Stores Received and Issued</i><br>Unbound monthly returns of stores received and issued, May 1866–March 1868, are arranged chronologically.   | May 1866–Mar. 1868  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

57 *Proceedings Before Provost Court*

(cont.) Unbound proceedings before the provost court, August–November 1865 and May–December 1867, are arranged chronologically.

Aug.–Nov. 1865; May–Dec. 1867

*Register of Court Trials*

The two-volume register of court trials, February 1866–November 1868, 1 (197) and 2 (198), are arranged in chronological order and numbered. Included in the volumes are the testimonies of trials. Volume 2 (198) also contains affidavits, December 1867–November 1868, arranged chronologically.

Volume 1 (197)

Feb. 1866–July 1867

Volume 2 (198)

July 1867–Nov. 1868

*Registers of Black Persons*

Unbound registers of black persons are undated and unarranged.

Undated

*Register of Military Tax to Repair  
Levee at McDonoughville*

The single-volume register of military tax to repair the levee at McDonoughville (201) is dated May 15, 1865 and arranged by initial letter of surname of taxed persons and thereunder numerically. Included in the volume is a copy of Circular Number 5, dated November 1, 1865, exempting certain persons from paying the levee tax. The volume also contains letters sent and summonses to appear at the agent's office, August 1866–August 1867, arranged chronologically; a register of summonses to appear at the agent's office, August 1867–November 1868, arranged chronologically; a register of "indigent and destitute freed people applying for relief," January–August 1868, arranged chronologically; a register of "indigent and destitute white people applying for relief," January–July 1868, arranged chronologically; and a "list of persons promising to pay at stated periods," apparently to pay either court costs, fines, or money owed following a court case, August 1867–July 1868, arranged chronologically.

Volume (201)

May 15, 1865

*Journal of Business Transacted*

The two-volume journal of business transacted, April 1867–December 1868, 1 (199) and 2 (200), is arranged chronologically. The journal entries cover mainly visitors' complaints, the paperwork performed, and visits made.

Volume 1 (199)

Apr. 1867–June 1868

Volume 2 (200)

June–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 57      | <i>Reports of Accounts Current</i>  |                     |
| (cont.) | Unbound reports of accounts current, July 1866–July 1868, are arranged chronologically.   | July 1866–July 1868 |
|         | <i>Miscellaneous Accounts</i>   |                     |
|         | The single volume of miscellaneous accounts, May 1865–November 1868 (196), is arranged by type of account and thereunder chronologically. Included are accounts concerning freedmen schools, Provost Marshal Department, tuition, and levies. |                     |
|         | Volume (196)  | May 1865–Nov. 1868  |
|         | <i>Miscellaneous Records</i>  |                     |
|         | Unbound miscellaneous records dated November 1864–November 1868 are unarranged.   | Nov. 1864–Nov. 1868 |
| 58      | <b>AMITE CITY (ASSISTANT SUPERINTENDENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|         | <i>Letters Sent</i>   |                     |
|         | The single volume of letters sent, August 1865–December 1868 (203), is arranged chronologically. The volume includes some letters received and has a name index.  |                     |
|         | Volume (203)  | Aug. 1865–Dec. 1868 |
|         | <i>Register of Letters Received</i>   |                     |
|         | The single-volume register of letters received, April 1866–December 1868 (202), includes endorsements and is arranged in chronological order and numbered.  |                     |
|         | Volume (202)  | Apr. 1866–Dec. 1868 |
|         | <i>Registered Letters Received</i>  |                     |
|         | Unbound registered letters received, May 1866–December 1868, are arranged in chronological order and numbered. The letters are registered in the single-volume register of letters received (202) described above.                            |                     |
|         |   | May 1866–Dec. 1868  |
|         | <i>Unregistered Letters Received</i>  |                     |
|         | Unbound unregistered letters received, August 1865–December 1868, are arranged chronologically.   |                     |
|         |   | Aug. 1865–Dec. 1868 |
|         | <i>Monthly Inspection Reports</i>   |                     |
|         | Unbound monthly inspection reports, March 1866–December 1868, are arranged chronologically.   |                     |
|         |   | Mar. 1866–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES               |
|---------------|--|---------------------|
| 58<br>(cont.) | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, April 1866–December 1868, are arranged chronologically.   | Apr. 1866–Dec. 1868 |
|               | <i>Register of Complaints</i><br>The single-volume register of complaints, July 1865–March 1866 (204), is arranged chronologically. The volume also contains <b>complaints and affidavits</b> , August–September 1865, arranged chronologically, and a <b>register of complaints</b> , August–December 1867, arranged chronologically. |                     |
|               | Volume (204)   | July 1865–Mar. 1866 |
|               | <i>Register of Contracts</i><br>The single-volume register of contracts, June 1865–October 1866 (205), is arranged chronologically, and has a name index.  |                     |
|               | Volume (205)   | June 1865–Oct. 1866 |
|               | <i>Indentures</i><br>Unbound indentures are dated January 1866–November 1867, and are unarranged.  |                     |
|               |  | Jan.–Apr. 1866      |
| 59            | <i>Indentures</i> (cont.)  | May 1866–Nov. 1867  |
|               | <i>Bills of Lading</i><br>Unbound bills of lading are dated February 1866–March 1868 and are arranged chronologically.   |                     |
|               |  | Feb. 1866–Mar. 1868 |
|               | <i>Receipts for Supplies Issued Planters</i><br>Unbound receipts for supplies issued planters, March–August 1868, are arranged by initial letter of the surname of the planter.  |                     |
|               |  | Mar.–Aug. 1868      |
|               | <i>Accounts</i><br>The single volume of accounts, March–September 1868 (206), is arranged by name of planter and thereunder chronologically. The volume has a name index.  |                     |
|               | Volume (206)   | Mar.–Sept. 1868     |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

59 *Miscellaneous Records*

(cont.) Unbound miscellaneous records, September 1865–December 1868, are arranged by type of record. Included are accounts current, July–December 1867; monthly reports of supplies issued to planters, March–May 1868; monthly school reports of the district superintendent, November–December 1868; affidavits, June 1866; an appearance bond, September 1865; and records of quartermaster stores, September 1865–March 1867.

Sept. 1865–Dec. 1868

**BATON ROUGE (SUBASSISTANT COMMISSIONER OF THE  
2ND SUBDISTRICT)**

*Letters Sent*

The single volume of letters sent, May 1867–December 1868 (216), is arranged in chronological order and numbered.

Volume (216)

May 1867–Dec. 1868

*Registers of Letters Received*

The six volumes of registers of letters received cover the period May 1867–December 1868. All volumes include endorsements sent. Volumes 1 (208), 2 (209), and 3 (210) are arranged in chronological order by date received and numbered. Volumes 4 (211), 5 (212), and 6 (213) are arranged chronologically by date received. There are name indexes in Volumes 2 (209), 3 (210), 4 (211), 5 (212), and 6 (213).

Volume 1 (208)

May–July 1867

Volume 2 (209)

June–Dec. 1867

Volume 3 (210)

Dec. 1867–Feb. 1868

60 *Registers of Letters (cont.)*

Volume 4 (211)

Feb.–May 1868

Volume 5 (212)

May–July 1868

Volume 6 (213)

July–Dec. 1868

*Unregistered Letters Received*

Unbound unregistered letters received, May 1867–December 1868, are arranged chronologically by date received.

May 1867–Dec. 1868

*Reports of Persons and Articles Hired*

Unbound reports of persons and articles hired, May–June 1867 and February 1868, are arranged chronologically.

May–June 1867 and Feb. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

61 **BATON ROUGE (ASSISTANT SUBASSISTANT COMMISSIONER)**

*Letters Sent*

The four volumes of letters sent, July 1866–December 1868, 1 (217), 2 (218), 3 (219), and 4 (220), are arranged chronologically, and each volume has a name index.

|                |                     |
|----------------|---------------------|
| Volume 1 (217) | July 1866–July 1867 |
| Volume 2 (218) | July 1867–May 1868  |
| Volume 3 (219) | May–Oct. 1868       |
| Volume 4 (220) | Oct.–Dec. 1868      |

*Registers of Letters Received*

The three volumes of registers of letters received, 1 (207), 2 (214) and 3 (215), are dated January–May 1865 and January 1867–December 1868. Volumes 1 (207) and 2 (214) are arranged in chronological order by date received and numbered. Volume 3 (215) is arranged chronologically by date received. Volumes 2 (214) and 3 (215) have name indexes. Volume 1 (207) includes endorsements sent, and volume 3 (215) includes endorsements sent and received, dated June–December 1868. Volume 1 (207) also contains a **register of destitute persons** (no date) arranged by initial letter of surname and thereunder by race.

|                |                     |
|----------------|---------------------|
| Volume 1 (207) | Jan.–May 1865       |
| Volume 2 (214) | Jan. 1867–Apr. 1868 |
| Volume 3 (215) | May–Dec. 1868       |

*Letters Received*

Unbound letters received, October 1865–December 1868, are arranged chronologically by date received. Some of the letters are registered in the three volumes of registers of letters received, 1 (207), 2 (214), 3 (215), described above.

Oct. 1865–Apr. 1868

62 *Letters Received (cont.)* May–Dec. 1868

*Monthly School Reports*

Unbound monthly school reports, January 1867–October 1868, are arranged chronologically.

Jan. 1867–Oct. 1868

*Monthly Inspection Reports*

Unbound monthly inspection reports, February 1866–October 1868, are arranged chronologically.

Feb. 1866–Oct. 1868

*Monthly Reports of Persons and Articles Hired*

Unbound monthly reports of persons and articles hired, January 1867–November 1868, are arranged chronologically.

Jan. 1867–Nov. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                   |
|---------|--|-------------------------|
| 62      | <i>Monthly Reports of Supplies Issued Freedmen</i>   |                         |
| (cont.) | Unbound monthly reports of supplies issued freedmen, February–October 1868, are arranged chronologically.  | Feb.–Oct. 1868          |
|         | <i>Court Papers</i>  |                         |
|         | Unbound court papers, October 1866 and June 1867, are arranged by name of case. Most of the papers relate to the case of <i>Tousey and Roberts v. Freedmen on the McHatton Plantation</i> .                    | Oct. 1866 and June 1867 |
|         | <i>Affidavits</i>  |                         |
|         | Unbound affidavits, February and June 1867, are arranged chronologically.  | Feb. and June 1867      |
|         | <i>Registers of Complaints</i>   |                         |
|         | The three volumes of registers of complaints, January 1867–May 1868, 1 (222), 2 (223), and 3 (223½), are arranged chronologically.   |                         |
|         | Volume 1 (222)   | Jan.–Aug. 1867          |
|         | Volume 2 (223)   | Aug.–Nov. 1867          |
|         | Volume 3 (223½)  | Dec. 1867–May 1868      |
|         | <i>Indentures</i>  |                         |
|         | Unbound indentures, June 1867 and January 1868, are arranged chronologically.  | June 1867 and Jan. 1868 |
|         | <i>Records Relating to Murphy Schoolhouse</i>  |                         |
|         | Unbound records relating to Murphy schoolhouse, March–June 1867, are arranged chronologically. Included are descriptions and dimensions of the schoolhouse, a cost estimate for repairs, and a value estimate. | Mar.–June 1867          |
| 63      | <i>Applications for Rations</i>  |                         |
|         | Unbound applications for rations, February–March 1868, are arranged by initial letter of surname of applicant.   | Feb.–Mar. 1868          |
|         | <i>Monthly Reports of Destitutes Requiring Rations</i>   |                         |
|         | Unbound monthly reports of destitutes requiring rations, August 1867–April 1868, are arranged chronologically.   | Aug. 1867–Apr. 1868     |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES                        |
|---------------|--|------------------------------|
| 63<br>(cont.) | <i>Bills of Lading</i><br>Unbound bills of lading, February–November 1868, are arranged chronologically.   | Feb.–Nov. 1868               |
|               | <i>Accounts with Planters for Supplies Furnished</i><br>The single volume of "Accounts with Planters for Supplies Furnished," January–October 1868 (224), is arranged by name of planter and thereunder chronologically. It has a name index.  |                              |
|               | Volume (224)   | Jan.–Oct. 1868               |
| 64            | <i>Planters Receipts for Supplies</i><br>Unbound planters receipts for supplies, March–November 1868, are arranged chronologically.  | Mar.–Nov. 1868               |
|               | <i>Journal of Business</i><br>The single-volume "Journal of Business," March 1868 and July–November 1868 (221), is arranged chronologically. The March 1868 section relates to business transacted by those who had complaints concerning labor, labor contracts, and crime. The July–November 1868 section relates to daily office paperwork. |                              |
|               | Volume (221)   | Mar. 1868 and July–Nov. 1868 |
|               | <i>Miscellaneous Receipts and Certificates of Payment</i><br>Unbound miscellaneous receipts and certificates of payment, August 1866–February 1868, are unarranged.  | Aug. 1866–Feb. 1868          |
|               | <i>Monthly Statements of Accounts Current</i><br>Unbound monthly statements of accounts current, January 1867–November 1868, are arranged chronologically.   | Jan. 1867–Nov. 1868          |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, December 1865–October 1868, are arranged by type of record. Included are returns of school property (October 1868); a special order (April 1868); and a report of sick and wounded (December 1865).   | Dec. 1865–Oct. 1868          |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

64 BAYOU SARA (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)

(cont.) *Registers of Letters Sent*

The two volumes of registers of letters sent, May 1867–June 1868, 1 (231) and 2 (470) are arranged chronologically. Letters entered in the volumes are in volume 2 (228) and 5 (469) of the letters sent, January 1866–December 1868, described below.

|                |                    |
|----------------|--------------------|
| Volume 1 (231) | May 1867–Mar. 1868 |
| Volume 2 (470) | Mar.–June 1868     |

*Letters Sent*

The five volumes of letters sent, 1 (227), 2 (228), 3 (468), 4 (229), and 5 (469), cover the period January 1866–December 1868. Entries in volume 1 (227) are arranged in chronological order and numbered, and the remaining entries are arranged chronologically. Each volume has a name index. Entries in Volume 2 (228) also cross reference a case book, which is a single-volume register of complaints, May 1867–August 1868 (234), described below. Volume 4 (229) also contains a **list of contracts** for 1868 arranged numerically, and a **register of complaints** dated January 1866–May 1867, arranged numerically by case number. The name index to letters sent in this volume also indexes the complaints.

|                |                     |
|----------------|---------------------|
| Volume 1 (227) | Jan. 1866–May 1867  |
| Volume 2 (228) | May–Dec. 1867       |
| Volume 3 (468) | Dec. 1867–Apr. 1868 |
| Volume 4 (229) | Jan. 1866–Mar. 1867 |
|                | Feb.–Mar. 1868      |
| Volume 5 (469) | Mar.–Dec. 1868      |

*Letters Sent*

Unbound letters sent, September 1866–July 1867, are unarranged.

Sept. 1866–July 1867

*Register of Letters and Circulars Received*

The single-volume register of letters and circulars received, January–April 1867 (466), is arranged chronologically. This volume also contains **letters sent**, October 1867–April 1868, that relate to contracts with freedmen. These letters are not duplicated in the five-volume series of letters sent described above.

|              |                |
|--------------|----------------|
| Volume (466) | Jan.–Apr. 1867 |
|--------------|----------------|

*Registers of Letters Received*

The two volumes of registers of letters received, May 1867–November 1868, 1 (226) and 2 (467), are arranged chronologically by date received, and each volume has a name index. Volume 1 (226) also contains a **register of property issued**, March–June 1868, arranged chronologically.

|                |                    |
|----------------|--------------------|
| Volume 1 (226) | May 1867–June 1868 |
| Volume 2 (467) | Apr.–Nov. 1868     |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES                |
|------|--|----------------------|
| 65   | <i>Unregistered Letters Received</i><br>Unbound unregistered letters received, December 1865–December 1868, are arranged chronologically by date received.   | Dec. 1865–Dec. 1868  |
| 66   | <i>Endorsements Received</i><br>The single volume of endorsements received, April–May 1868 (230), is arranged chronologically and has a name index. Entries in the volume cross reference letters sent in volume 5 (469) of the five-volume series of letters sent, January 1866–December 1868, described above. |                      |
|      | Volume (230)   | Apr.–May 1868        |
|      | <i>Monthly School Reports</i><br>Unbound monthly school reports, May 1866–October 1868, are arranged chronologically.  | May 1866–Oct. 1868   |
|      | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, February 1866–October 1868, are arranged chronologically.   | Feb. 1866–Oct. 1868  |
|      | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, April 1866–October 1868, are arranged chronologically.  | Apr. 1866–Oct. 1868  |
|      | <i>Monthly Reports of Cases Tried and Fines Imposed</i><br>Unbound monthly reports of cases tried and fines imposed, September–December 1866, are arranged chronologically.  | Sept.–Dec. 1866      |
|      | <i>Miscellaneous Court Records and Complaints</i><br>Unbound miscellaneous court records and complaints, September 1865–November 1868, are arranged by case.   | Sept. 1865–Nov. 1868 |
|      | <i>Register of Complaints</i><br>The single-volume register of complaints, May 1867–August 1868 (234), is arranged chronologically.  |                      |
|      | Volume (234)   | May 1867–Aug. 1868   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

66 *Indentures*

(cont.) Unbound indentures, December 1865–May 1868, are unarranged.

Dec. 1865–May 1868

*Miscellaneous Records Relating to Supplies*

Unbound miscellaneous records relating to supplies, March 1867–November 1868, are arranged by type of record. Included are affidavits of planters desiring supplies, monthly reports of supplies issued planters, planters' bonds and receipts for supplies, and monthly returns of quartermaster stores.

Mar. 1867–Nov. 1868

*Accounts with Planters for Supplies Furnished*

The single volume of "Accounts with Planters for Supplies Furnished," March–November 1868 (232), is arranged by name of planter and thereunder chronologically. It has a name index.

Volume (232)

Mar.–Nov. 1868

*Returns of School Property*

Unbound returns of school property, May 1866–October 1868, are arranged chronologically.

May 1866–Oct. 1868

*Monthly Returns of Clothing, Camp, and Garrison Equipage*

Unbound monthly returns of clothing, camp, and garrison equipage, January–July 1867, are arranged chronologically.

Jan.–July 1867

*Soldiers' Claims for Bounty*

Seven unbound soldiers' claims for bounty are dated December 1867.

Dec. 1867

*Bills of Lading*

Unbound bills of lading, March 1866–November 1868, are arranged chronologically.

Mar. 1866–Nov. 1868

*Accounts with Freedmen*

The single volume of accounts with freedmen, July 1866–November 1867 (233), is arranged by name of freedman and thereunder chronologically.

Volume (233)

July 1866–Nov. 1867



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

ROLL   DESCRIPTION

DATES

67   *Accounts Current and Summary Statements*

Unbound accounts current and summary statements, April 1866–October 1868, are arranged chronologically.

Apr. 1866–Oct. 1868

*Miscellaneous Records Relating to Accounts*

Unbound miscellaneous records relating to accounts, January 1866–January 1868, are arranged by type of record. Included are receipts, due bills, orders for payment of money, and bills of sale.

Jan. 1866–Jan. 1868

*Miscellaneous Records*

Unbound miscellaneous records, May 1866–August 1868, are arranged by type of record. Included are reports of indigent freedmen in West Feliciana Parish, September–October 1866; a statement of actual expenses for services rendered, May 1866; a statement of crops, August 1868; and a certificate of rental, Bayou Sara, January 1867.

May 1866–Aug. 1868

**BRAGG HOME COLONY (ASSISTANT SUPERINTENDENT OF FREEDMEN)**

*Letters, Telegrams, Special Orders, Circulars  
and Endorsements Received*

The single volume of letters, telegrams, special orders, circulars, and endorsements received, February–December 1865 (168), is arranged chronologically with a name index.

Volume (168)

Feb.–Dec. 1865

*Register of Arrivals and Departures*

The single-volume register of arrivals and departures, April–November 1865 (167), is arranged by arrival or departure and thereunder arranged in chronological order and numbered.

Volume (167)

Apr.–Nov. 1865

*Register of Rations and Clothing Issued*

The single-volume register of rations and clothing issued, March–November 1865 (166), is arranged chronologically. The volume also contains a register of clothing issued for Freedmens Home Colony, by R. K. Diossy, March–November 1865, arranged by person to whom clothing was issued and thereunder chronologically. Also included is a register of clothing issued for Bragg Home Colony, October 1865, arranged by person to whom issued and thereunder chronologically. The volume has a name index.

Volume (166)   Mar.–Nov. 1865



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES               |
|---------------|--|---------------------|
| 67<br>(cont.) | <i>Register of Marriages</i><br>The single-volume register of marriages, March–September 1865 (165) is arranged in chronological order and numbered.   |                     |
|               | Volume (165)   | Mar.–Sept. 1865     |
|               | <i>Register of Applications for Laborers</i><br>The single-volume register of applications for laborers, March–October (164), is arranged chronologically. The volume also contains a <b>register of complaints</b> , March–October, arranged chronologically. No year is given in either register.  |                     |
|               | Volume (164)   | Mar.–Oct. (No Year) |
|               | <b>BRASHEAR CITY (SEE FRANKLIN)</b>  |                     |
|               | <b>CARROLLTON (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|               | <i>Register of Letters Sent</i><br>The single-volume register of letters sent, June–December 1868 (239), is arranged chronologically and has a name index.   |                     |
|               | Volume (239)   | June–Dec. 1868      |
|               | <i>Registers of Letters Received</i><br>The three volumes of registers of letters received, May–August 1867 and March–December 1868, 1 (236), 2 (237), and 3 (238), are arranged chronologically by date received. Each volume has a name index. Volume 2 (237) also contains <b>letters sent</b> , April–August 1867 and March 1868, arranged chronologically, with a name index. |                     |
|               | Volume 1 (236)   | May–Aug. 1867       |
|               | Volume 2 (237)   | Mar.–May 1868       |
|               | Volume 3 (238)   | June–Dec. 1868      |
|               | <i>Complaints</i><br>The two volumes of complaints, April–October 1868, 1 (240) and 2 (241), are arranged chronologically.   |                     |
|               | Volume 1 (240)   | June–Oct. 1868      |
|               | Volume 2 (241)   | Apr. –May 1868      |
|               | <i>“Journal of Business” Relating to Complaints and Paperwork</i><br>The single-volume “Journal of Business,” April 1867–April 1868 (242), is arranged chronologically and has a name index.   |                     |
|               | Volume (242)   | Apr. 1867–Apr. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES   |
|---------|---|---------|
| 67      | <i>Register of Residents</i>  |         |
| (cont.) | The single-volume register of residents (154) is undated and arranged by initial letter of surname and thereunder by "resident" or "nonresident" of Carrollton. |         |
|         | Volume (154)  | Undated |
| 68      | <i>Tax Receipts</i>   |         |
|         | The single volume of tax receipts (151) is dated 1864 and arranged numerically.   |         |
|         | Volume (151)  | 1864    |

CHOFIELD PLANTATION (SEE NEW ORLEANS)

CLINTON (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)

*Letters Sent*

The four volumes of letters sent, June–August 1866, May 1867–June 1868, and August–December 1868, 1 (245), 2 (246), 3 (247), and 4 (248), are arranged in chronological order and numbered. Each volume has a name index. The letters dated August 8–September 26, 1868, numbered 83–125, are duplicated in volume 4 (248). Also in volume 1 (245) are letters sent, June–August 1866; **endorsements sent**, May–July 1868; and a **register of complaints**, October–December 1867.

|                |                |
|----------------|----------------|
| Volume 1 (245) | June–Aug. 1866 |
| Volume 2 (246) | May–Dec. 1867  |
| Volume 3 (247) | Jan.–June 1868 |
| Volume 4 (248) | Aug.–Dec. 1868 |

*Registers of Letters Received*

The two volumes of registers of letters received, May 1867–July 1868, 1 (243) and 2 (244), are arranged chronologically by date received, and each volume has a name index. Volume 1 (243) also has endorsements received.

|                |                    |
|----------------|--------------------|
| Volume 1 (243) | May 1867–Jan. 1868 |
| Volume 2 (244) | Jan.–July 1868     |

69 *Registered Letters Received*

Unbound registered letters received, May 1867–June 1868, are arranged numerically by page number. The letters are registered in the two volumes of registers of letters received described above.

May 1867–June 1868

*Unregistered Letters Received*

Unbound unregistered letters received, February 1866–December 1868, are arranged chronologically by date received.

Feb. 1866–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION   | DATES               |
|---------------|---|---------------------|
| 69<br>(cont.) | <i>Trimonthly Reports of Operations Sent</i><br>The two volumes of trimonthly reports of operations sent, January 1867–February 1868, 1 (249) and 2 (250), are arranged in chronological order and numbered. Each volume has a name index.  |                     |
|               | Volume 1 (249)  | Jan.–Dec. 1867      |
|               | Volume 2 (250)  | Jan.–Feb. 1868      |
|               | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, May 1866–November 1868, are arranged chronologically.  | May 1866–Nov. 1868  |
|               | <i>Monthly School Reports of District Superintendent</i><br>Unbound monthly school reports of the district superintendent, February 1867–October 1868, are arranged chronologically.  | Feb. 1867–Oct. 1868 |
|               | <i>Monthly School Reports of Agent</i><br>Unbound monthly school reports of the agent, February–November 1868, are arranged chronologically.  | Feb.–Nov. 1868      |
|               | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, May 1866–September 1868, are arranged chronologically.   | May 1866–Sept. 1868 |
|               | <i>Register of Complaints</i><br>The single-volume register of complaints, January–April 1868 (252) is arranged chronologically and has a name index. For a register of complaints dated October–December 1867, see volume 1 (245) of the four volumes of letters sent May 1867–December 1868, described above. |                     |
|               | Volume (252)  | Jan.–Apr. 1868      |
|               | <i>"Daily Journal" of Business Relating to Complaints and Paperwork</i><br>The single-volume "daily journal" of business relating to complaints and paperwork, May–October 1867 (251), is arranged chronologically and has a name index.  |                     |
|               | Volume (251)  | May–Oct. 1867       |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES                |
|---------|---|----------------------|
| 69      | <i>Monthly Reports of Indigents and Destitutes</i>  |                      |
| (cont.) | Unbound monthly reports of indigents and destitutes, October 1866–May 1868, are arranged chronologically.   | Oct. 1866–May 1868   |
| 70      | <i>Monthly Returns of School Property</i>   |                      |
|         | Unbound monthly returns of school property, June 1866–August 1868, are arranged chronologically.  | June 1866–Aug. 1868  |
|         | <i>Monthly School Reports of Receipts and Expenditures</i>  |                      |
|         | Unbound monthly school reports of receipts and expenditures, June 1866–December 1868, are arranged chronologically.   | June 1866–Dec. 1868  |
|         | <i>Records Relating to Supplies</i>   |                      |
|         | Unbound records relating to supplies, dated 1868, are arranged by type of record. Included are applications and affidavits of planters for supplies, bonds of planters for supplies, monthly reports of supplies issued planters, and receipts for supplies.  | 1868                 |
|         | <i>Accounts with Planters for Supplies Furnished</i>  |                      |
|         | The single volume of accounts with planters for supplies furnished, March–October 1868 (253), is arranged by name of planter and thereunder chronologically. It has a name index.   |                      |
|         | Volume (253)  | Mar.–Oct. 1868       |
|         | <i>Miscellaneous Records</i>  |                      |
|         | Unbound miscellaneous records, April 1867–October 1868, are arranged by type of record. Included are a statement of crops on plantations, undated; bills of lading, April 1867 and July–Oct. 1868; and indentures, April 1868.  |                      |
|         |   | Apr. 1867–Oct. 1868  |
|         | <b>COLUMBIA (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                      |
|         | <i>Letters Sent</i>   |                      |
|         | The four volumes of letters sent, February 1866–September 1868, 1 (254), 2 (255), 3 (256), and 4 (257), are arranged chronologically. There are name indexes in volumes 3 (256) and 4 (257). Volume 2 (255) also contains a <b>register of contracts</b> , 1866, arranged by name of plantation. Volume 4 (257) also contains <b>complaints</b> , 1868, unarranged; and volume 1(254) also contains a “ <b>day book</b> ” of accounts with freedmen, 1867, arranged by name of freedman and thereunder chronologically. |                      |
|         | Volume 1 (254)  | Feb. 1866–Aug. 1867  |
|         | Volume 2 (255)  | Aug. 1867–June 1868  |
|         | Volume 3 (256)  | June 1868–Sept. 1868 |
|         | Volume 4 (257)  | Sept. 14–15, 1868    |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES                             |
|---------|---|-----------------------------------|
| 70      | <i>Letters Received</i>   |                                   |
| (cont.) | Unbound letters received, February 1866–June 1868, are arranged chronologically by date received.   | Feb. 1866–Apr. 1867               |
| 71      | <i>Letters Received (cont.)</i>   | May 1867–June 1868                |
|         | <i>Monthly Inspection Reports</i>   |                                   |
|         | Unbound monthly inspection reports, March 1866–August 1868, are arranged chronologically.   | Mar. 1866–Aug. 1868               |
|         | <i>Monthly Reports of Persons and Articles Hired</i>  |                                   |
|         | Unbound monthly reports of persons and articles hired, February 1866–April 1868, are arranged chronologically.  | Feb. 1866–Apr. 1868               |
|         | <i>Miscellaneous Reports</i>  |                                   |
|         | Unbound miscellaneous reports, May 1867–April 1868, are arranged by type of record. Included are reports showing numbers, sex, and age of “unfortunates,” May 1867, and retained monthly education reports of the agent, February–April 1868. | May 1867–Apr. 1868                |
|         | <i>Indentures</i>   |                                   |
|         | Unbound indentures, October 1866–August 1867, are arranged chronologically.   | Oct. 1866–Aug. 1867               |
|         | <i>Applications for Rations for Destitutes</i>  |                                   |
|         | Unbound applications for rations for destitutes, May–June 1867 and February–April 1868, are arranged chronologically.   | May–June 1867 and Feb.–April 1868 |
|         | <i>Miscellaneous Records</i>  |                                   |
|         | Unbound miscellaneous records, 1866–68, are arranged by type of record. Included are accounts current and summary statements, affidavits, complaints, bills of lading, receipts, and a list of quartermaster stores.                          | 1866–68                           |

COVINGTON (SEE MADISONVILLE)

DE CROS STATION (SEE JESUITS BEND)



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

71 DONALDSONVILLE (AGENT)

(cont.) *Letters Sent by the Agent for the  
Parish of Ascension*

The two volumes of letters sent by the agent for the Parish of Ascension, June–October 1866, 1 (260) and 2 (261), are arranged chronologically. There is a name index in volume 2 (261). Volume 1 (260) also contains **registers of applications** for relief from destitute whites and blacks (undated); a register of applications for relief (Oct. 1866–June 1868); a register of discharges (Feb. 1865–Apr. 1866); a **register of marriage licenses** (Aug. 1863–Feb. 1864) and **orders issued** (Jan.–Aug. 1863). Volume 261 also contains a **register of indigents** (1868), a **register of discharges** (1867), a **register of indentures** (undated), and a **complaint** (Sept. 1868).

Volume 1 (260)

June–Aug. 1866

Volume 2 (261)

Aug.–Oct. 1866

*Unregistered Letters Received*

Unbound unregistered letters received, February–October 1866, are arranged chronologically.

Feb.–Oct. 1866

*Reports of Cases Tried and Fines Imposed*

Unbound reports of cases tried and fines imposed, March–October 1866, are arranged chronologically.

Mar.–Oct. 1866

*Records of Industrial Farm at Miles Taylor Plantation*

The single volume of records of the industrial farm at Miles Taylor Plantation, April 1864–July 1865 (268), is arranged by type of record. Included are letters and orders received, letters sent, and weekly work reports, including field, carpentry, and blacksmith work. Mr. T. M. Bentley was in charge.

Volume (268)

Apr. 1864–July 1865

72 *Tax Rolls*

Unbound tax rolls are dated ca. 1865 and are unarranged.

ca. 1865

*Miscellaneous Records*

Unbound miscellaneous records, 1865–66, are arranged by type of record. Included are inspection reports, accounts current, bills of lading, returns of school property, reports of persons and articles hired, and payrolls of laborers employed.

1865–66



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

72 DONALDSONVILLE (AGENT AND ASSISTANT SUBASSISTANT  
(cont.) COMMISSIONER)

*Letters Sent*

The three volumes of letters sent, April 1866–December 1868, 1 (262), 2 (263), and 3 (264) are arranged chronologically and each volume has a name index. Volume 1 (262) also contains letters received, May 1866–Apr. 1867, which are arranged chronologically.

|                |                     |
|----------------|---------------------|
| Volume 1 (262) | Apr. 1866–Apr. 1867 |
| Volume 2 (263) | Apr. 1867–Apr. 1868 |
| Volume 3 (264) | Apr.–Dec. 1868      |

*Endorsements Sent and Received*

The single volume of endorsements sent and received is dated April 1867–September 1868 (265). Entries dated April 1867–February 1868, are arranged in chronological order and numbered. Entries dated March–September 1868 are arranged chronologically. The volume has a name index.

|              |                      |
|--------------|----------------------|
| Volume (265) | Apr. 1867–Sept. 1868 |
|--------------|----------------------|

*Letters Received*

The single volume of letters received, April 1867–September 1868 (258), are arranged chronologically and the volume has a name index. For letters received, May 1866–April 1867, see volume 1 (262) of the three-volume series of letters sent, April 1866–December 1868 described above. For a register of letters received, September–December 1868, see the single-volume register of letters received (259) described below.

|              |                      |
|--------------|----------------------|
| Volume (258) | Apr. 1867–Sept. 1868 |
|--------------|----------------------|

*Register of Letters Received*

The single-volume register of letters received, September–December 1868 (259), includes endorsements and is arranged chronologically. The volume has a name index. For letters received, see the unbound registered letters received, September–December 1868, described below. For other letters received, see volume 1 (262) of letters sent and volume (258) letters received listed above. The volume also contains a **register of contracts** approved, 1866, arranged numerically; a **register of payrolls** approved, 1866, arranged chronologically by date approved; **accounts of the agent** with the quartermaster department, June 1866–March 1867, arranged chronologically; **complaints**, 1867, arranged numerically; and **accounts of planters**, December 1866–February 1867, arranged chronologically.

|              |                 |
|--------------|-----------------|
| Volume (259) | Sept.–Dec. 1868 |
|--------------|-----------------|



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 72      | <i>Registered Letters Received</i>  |                     |
| (cont.) | Unbound registered letters received, September–December 1868, are arranged numerically by page number. The letters are entered in the single-volume register of letters received (259) described above.   |                     |
|         |   | Sept.–Dec. 1868     |
|         | <i>Unregistered Letters Received</i>  |                     |
|         | Unbound unregistered letters received, April 1866–December 1868, are arranged chronologically by date received.   |                     |
|         |   | Apr. 1866–Oct. 1867 |
| 73      | <i>Unregistered Letters (cont.)</i>   | Jan.–Dec. 1868      |
|         | <i>General and Special Orders Issued</i>  |                     |
|         | The single volume of general and special orders issued, June 1866–May 1867 (266), is arranged chronologically. The volume also contains an unidentified <b>name index</b> and <b>accounts with schoolteachers</b> , May 1866–August 1868, arranged chronologically.   |                     |
|         | Volume (266)  | June 1866–May 1867  |
|         | <i>District Superintendents School Reports</i>  |                     |
|         | Unbound district superintendents school reports, January–October 1868, are arranged chronologically.  |                     |
|         |   | Jan.–Oct. 1868      |
|         | <i>Registers of Black Persons</i>   |                     |
|         | Unbound registers of black persons are undated and arranged by parish.  |                     |
|         |   | Undated             |
|         | <i>Court Cases</i>  |                     |
|         | The single volume of court cases, November 1866 (267), is arranged in chronological order and numbered. The volume also contains a “ <b>Journal of Business</b> ,” April 1867–December 1868, arranged chronologically, and a <b>register of rations</b> , June 1866 and July 1867, arranged in general chronological order. |                     |
|         | Volume (267)  | Nov. 1866           |
|         | <i>Miscellaneous Records Relating to Court Cases</i>  |                     |
|         | Unbound miscellaneous records relating to court cases, April 1866–February 1868, are unarranged.  |                     |
|         |   | Apr. 1866–Feb. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

**73** *Miscellaneous Records*

(cont.) Unbound miscellaneous records, 1866-68, are arranged by type of record. Included are inspection reports, receipts relating to school property, reports of persons and articles hired, bills of lading, accounts current, papers relating to the issuance of rations to destitutes, requisitions for forage, indentures, and abstracts. For a register of applications for relief, see volume 1 (260). For a register of indigents, a register of discharges, a register of indentures, and complaints, see volume 2 (261) above.

1866-68

**74** **EVERGREEN (SEE MARKSVILLE)**

**FRANKLIN (SUBASSISTANT COMMISSIONER OF THE 3RD SUBDISTRICT)**

*Letters Sent*

The two volumes of letters sent, June 1867-December 1868, 1 (272) and 2 (273), are arranged in chronological order and numbered. There are name indexes for each volume.

|                |                |
|----------------|----------------|
| Volume 1 (272) | June-Dec. 1867 |
| Volume 2 (273) | Jan.-Dec. 1868 |

*Endorsements Sent*

The three volumes of endorsements sent, June 1867-December 1868, 1 (278), 2 (279), and 3 (280), are arranged chronologically. There is a name index in volume 1 (278).

|                |                |
|----------------|----------------|
| Volume 1 (278) | June-Dec. 1867 |
| Volume 2 (279) | Jan.-June 1868 |
| Volume 3 (280) | June-Dec. 1868 |

*Registers of Letters Received*

The two volumes of registers of letters received, June 1867-December 1868, 1 (269) and 2 (270), include endorsements. Volume 1 (269) is arranged alphabetically by initial letter of surname of writer and thereunder arranged in chronological order and numbered. Volume 2 (270) is arranged in chronological order and numbered. Both volumes have name indexes.

|                |                     |
|----------------|---------------------|
| Volume 1 (269) | June 1867-Jan. 1868 |
| Volume 2 (270) | Jan.-Dec. 1868      |

*Registered Letters Received*

Unbound registered letters received, June 1867-December 1868, are arranged as the registers of letters received, June 1867-December 1868, described above.

|     |      |
|-----|------|
| A-V | 1867 |
|-----|------|



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL  | DESCRIPTION   | DATES               |
|---|---|---------------------|
| 75  | <i>Registered Letters Received</i> (cont.)<br>12-801  | 1868                |
|   | <i>Unregistered Letters Received</i><br>Unbound unregistered letters received, March-December 1868, are arranged chronologically by date received.  | Mar.-Dec. 1868      |
|   | <i>Monthly Reports</i><br>The single volume of monthly reports, June 1867-March 1868 (284), is arranged chronologically. The volume also contains one special report, June 14, 1868.  |                     |
|   | Volume (284)  | June 1867-Mar. 1868 |
|   | <i>Monthly and Special Reports</i><br>The single volume of monthly and special reports, May-December 1868 (285), is arranged by type of report and thereunder chronologically and has a name index.   |                     |
|   | Volume (285)  | May-Dec. 1868       |
|   | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, June 1867-December 1868, are arranged chronologically.   |                     |
|   |   | June 1867-Dec. 1868 |
|   | <i>"Journal of Business" Transacted</i><br>The single-volume "Journal of Business" transacted, June 1867-May 1868 (282), is arranged chronologically.   |                     |
|   | Volume (282)  | June 1867-May 1868  |
| <b>FRANKLIN (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b> |   |                     |
|   | <i>Letters Sent</i><br>The four volumes of letters sent, 1 (274), 2 (275), 3 (276), and 4 (277), cover the period January 1867-December 1868. Volume 1 (274) is arranged chronologically. Volumes 2 (275), 3 (276), and 4 (277) are arranged in chronological order and numbered. There are name indexes in volumes 1 (274), 3 (276), and 4 (277). Volume 4 (277) also contains a "Journal of Business" (June-December 1867), arranged chronologically. |                     |
|   | Volume 1 (274)  | Jan.-June 1867      |
|   | Volume 2 (275)  | July-Dec. 1867      |
|   | Volume 3 (276)  | Jan.-Sept. 1868     |
|   | Volume 4 (277)  | Sept.-Dec. 1868     |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                          |
|---------|--|--------------------------------|
| 75      | <i>Endorsements Sent and Received</i>  |                                |
| (cont.) | The single volume of endorsements sent and received, June 1867–December 1868 (281), is arranged chronologically and has a name index.  |                                |
|         | Volume (281)   | June 1867–Dec. 1868            |
|         | <i>Register of Letters Received</i>  |                                |
|         | The single-volume register of letters received, July 1867–December 1868 (271), is arranged in chronological order by date received and numbered. There is a name index in the volume. The volume includes <b>letters received</b> , June 1867. |                                |
|         | Volume (271)   | July 1867–Dec. 1868            |
|         | <i>Registered Letters Received</i>   |                                |
|         | Unbound registered letters received, June 1867–December 1868, are arranged as the registers in volume (271) described above.   |                                |
|         |  | June 1867–Jan. 1868            |
| 76      | <i>Registered Letters (cont.)</i>  | Jan.–Dec. 1868                 |
|         | <i>Unregistered Letters Received</i>   |                                |
|         | Unbound unregistered letters received, January 1865–December 1868, are arranged chronologically by date received.  |                                |
|         |  | Jan. 1865–Apr. 1867            |
| 77      | <i>Unregistered Letters (cont.)</i>  | May 1867–Dec. 1868             |
|         | <i>Narrative Trimonthly Reports of Business Transacted</i>   |                                |
|         | Unbound narrative trimonthly reports of business transacted, January–May 1866, are arranged chronologically.   |                                |
|         |  | Jan.–May 1866                  |
|         | <i>Trimonthly Reports</i>  |                                |
|         | The single volume of trimonthly reports, July–December 1868 (286), is arranged chronologically, and has a name index.  |                                |
|         | Volume (286)   | July–Dec. 1868                 |
|         | <i>Monthly Inspection Reports</i>  |                                |
|         | Unbound monthly inspection reports, March 1866 and February 1867–December 1868, are arranged chronologically.  |                                |
|         |  | Mar. 1866; Feb. 1867–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES                |
|---------------|--|----------------------|
| 77<br>(cont.) | <i>Monthly School Reports of District Superintendents</i><br>Unbound monthly school reports of district superintendents, January 1867–December 1868, are arranged chronologically.   | Jan. 1867–Dec. 1868  |
|               | <i>Monthly School Reports of Agents</i><br>Unbound monthly school reports of agents, March–December 1868, are arranged chronologically.  | Mar.–Dec. 1868       |
|               | <i>Monthly School Reports of Receipts and Expenditures</i><br>Unbound monthly school reports of receipts and expenditures, October 1866–September 1868, are arranged chronologically.  | Oct. 1866–Sept. 1868 |
|               | <i>Property Reports of Schools</i><br>Unbound property reports of schools, November 1865–December 1868, are arranged chronologically.  | Nov. 1865–Dec. 1868  |
|               | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, May 1866–May 1867, are arranged chronologically.  | May 1866–May 1867    |
|               | <i>Court Records</i><br>Unbound court records, July 1864–November 1867, are unarranged.  | July 1864–Nov. 1867  |
|               | <i>Register of Complaints</i><br>The single-volume register of complaints, February–June 1867 (288), is arranged chronologically and has a name index. The volume also contains <b>accounts</b> with the school at Bayou Cypres Mort, August–December 1867, arranged chronologically; <b>accounts</b> with the school at Franklin, April–December 1867, arranged chronologically; and a <b>list of Bureau stationary allowance</b> undated and unarranged. |                      |
|               | Volume (288)   | Feb.–June 1867       |
|               | <i>Registers of Complaints</i><br>The two volumes of registers of complaints, June 1867–July 1868, 1 (289) and 2 (290), are arranged chronologically.  |                      |
|               | Volume 1 (289)   | June 1867–July 1868  |
|               | Volume 2 (290)   | Feb.–May 1868        |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                          |
|---------|--|--------------------------------|
| 77      | <i>Indentures</i>  |                                |
| (cont.) | Unbound indentures cover the period November 1865–July 1868 and are arranged chronologically.  | Nov. 1865–July 1868            |
| 78      | <i>Applications for Rations</i>  |                                |
|         | Unbound applications for rations, May–September 1867 and January–April 1868, are arranged chronologically.   | May–Sept. 1867; Jan.–Apr. 1868 |
|         | <i>Miscellaneous Records Relating to the Issuance of Rations to Destitutes</i>   |                                |
|         | Unbound miscellaneous records relating to the issuance of rations to destitutes, April 1867–July 1868, are arranged chronologically.   | Apr. 1867–July 1868            |
|         | <i>Monthly Returns of Stores and Reports of Clothing Issued and Received</i>   |                                |
|         | Unbound monthly returns of stores and reports of clothing issued and received, January–July 1868, are arranged chronologically.  | Jan.–July 1868                 |
|         | <i>"Journal of Business"</i>   |                                |
|         | The single-volume "Journal of Business," November–December 1868 (283), is arranged chronologically. The volume also contains a "report of indigent and destitute whites and freed people in the Parish of St. Mary, Louisiana, applying for relief," February–March 1868, arranged chronologically. For a "journal of business," June–December 1867, see volume 4 (277) of the letters sent, January 1867–December 1868. |                                |
|         | Volume (283)   | Nov.–Dec. 1868                 |
|         | <i>Bills of Lading</i>   |                                |
|         | Unbound bills of lading, December 1865–October 1868, are arranged chronologically.   | Dec. 1865–Oct. 1868            |
|         | <i>Register of Taxes Collected for Schools</i>   |                                |
|         | The single-volume register of taxes collected for schools, April–December 1867 (291), is arranged by school. The volume also includes a register (undated) arranged by initial letter of surname, containing a list of names, acreage and number of family.  |                                |
|         | Volume (291)   | Apr.–Dec. 1867                 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                                   |
|---------|--|---|
| 78      | <i>Accounts with Freedmen Relating to Schools</i>  |   |
| (cont.) | The single volume of accounts with freedmen relating to schools, April 1867–May 1868 (287), is arranged chronologically.   |   |
|         | Volume (287)   | Apr. 1867–May 1868                      |
|         | <i>Accounts Current</i>  |   |
|         | Unbound accounts current, January 1865, March 1866, and January–December 1868, are arranged chronologically.   |   |
|         |  | Jan. 1865; Mar. 1866;<br>Jan.–Dec. 1868 |
|         | <i>Miscellaneous Records</i>   |   |
|         | Unbound miscellaneous records, January 1865–May 1868, are arranged by type of record. The records include invoices (January 1865–August 1866); lists of property (October 1865–January 1866); abstracts (September 1865–February 1868); and a list of clothing issued destitutes (undated). Also included are affidavits (April 1865); receipts (January 1866–March 1867); letters sent (September 1865–May 1866); lists of children (undated); monthly reports of numbers issued rations, clothing, and medicines (August 1866); reports of acres under cultivation, number of hands, number of schools (undated); and reports of indigents (May 1868). |   |
|         |  | Jan. 1865–May 1868                      |
| 79      | <b>GREENVILLE COLONY (SUPERINTENDENT)</b>  |   |
|         | <i>Register for Contrabands</i>  |   |
|         | The single-volume "register for contrabands," July 1862–December 1863 (169), is arranged numerically. The volume also contains a register for contrabands (April 13, 1863), an unidentified list (August 1865), and an unidentified register arranged numerically that contains names and information on number of days worked, amount received and amount due (undated). In addition there is an unidentified list of names (undated) and a register of clothing issued, June 1865.   |   |
|         | Volume (169)   | July 1862–Dec. 1863                     |
|         | <b>HAMMOND STATION (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |   |
|         | <i>Letters Sent</i>  |   |
|         | For letters sent and received, May–July 1866, see volume 1 (330) of the letters sent, October 1866–December 1868, that also includes these letters.  |   |
|         | The two volumes of letters sent, July 1867–April 1868 and June–August 1868, 1 (298) and 2 (299), are arranged chronologically. Volume 2 (299) also contains indentures, contracts, and complaints, May–November 1867, arranged chronologically, and a "Journal of Business," April 1868, arranged chronologically.   |   |
|         | Volume 1 (298)   | July 1867–Apr. 1868                     |
|         | Volume 2 (299)   | June–Aug. 1868                          |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES                                  |
|---------------|--|--|
| 79<br>(cont.) | <i>Letters Received</i><br>The single volume of letters received, July–November 1867 and June–July 1868 (297), is arranged chronologically. The volume also contains a register of letters received, April 1868, arranged chronologically. |  |
|               | Volume (297)   | July–Nov. 1867; June–July 1868         |
|               | <i>Letters Received</i><br>Unbound letters received, July–November 1867, are arranged chronologically by date received.  |  |
|               |  | July–Nov. 1867                         |
|               | <i>Endorsements Received</i><br>The single volume of endorsements received, April–June 1868 (300), is arranged chronologically.  |  |
|               | Volume (300)   | Apr.–June 1868                         |
|               | <i>Court Cases Settled</i><br>Unbound court cases settled, April 1866–August 1867, are arranged chronologically.   |  |
|               |  | Apr. 1866–Aug. 1867                    |
|               | <i>Bills of Lading</i><br>Unbound bills of lading, June–October 1867, are arranged chronologically.  |  |
|               |  | June–Oct. 1867                         |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, April–June 1866, are arranged by type of record. Included are indentures (April–June 1866), and retained monthly inspection reports, May–June 1866.                         |  |
|               |  | Apr.–June 1866                         |
|               | <b>HOMER (ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |  |
|               | <i>Letters Received</i><br>Unbound letters received, November–December 1866 and October 1867–December 1868, are arranged chronologically by date received.   |  |
|               |  | Nov.–Dec. 1866;<br>Oct. 1867–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

79 *Miscellaneous Records*

(cont.) Unbound miscellaneous records, October 1867–December 1868, are arranged by type of record. Included are retained copies of letters sent (March–December 1868), trimonthly narrative reports of operations (January–December 1868), bills of lading (May–July 1868), monthly school reports of agents (April and September 1868), and monthly inspection reports (May and July 1868). There are also affidavits (October 1867 and January 1868), a list of stores transferred (January 1868), and a list of freedmen discharged for voting the radical ticket, April 1868.

Oct. 1867–Dec. 1868

**HOUMA (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)**

*Letters Sent*

The two volumes of letters sent, December 1865–December 1868, 1 (294) and 2 (295), are arranged in chronological order and numbered. Each volume has a name index.

Volume 1 (294)

Dec. 1865–Aug. 1868

Volume 2 (295)

Sept.–Dec. 1868

*Endorsements Sent and Received*

The single volume of endorsements sent and received, December 1865–October 1868 (292), is arranged chronologically and has a name index. The volume also contains a **register of orders received**, January–October 1868.

Volume (292)

Dec. 1865–Oct. 1868

*Register of Letters Received*

The single-volume register of letters received, July 1865–August 1868 (293), is arranged chronologically and has a name index. For the actual letters received, see the unbound registered letters received, January 1866–October 1867, described below.

Volume (293)

July 1865–Aug. 1868

*Registered Letters Received*

Unbound registered letters received, January 1866–October 1867, are arranged in chronological order by date received and numbered. The letters are entered in the single-volume register of letters received (293) described above.

Jan. 1866–Oct. 1867

80 *Unregistered Letters Received*

Unbound unregistered letters received, December 1865–December 1868, are arranged chronologically by date received.

Dec. 1865–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

| ROLL          | DESCRIPTION   | DATES               |
|---------------|---|---------------------|
| 80<br>(cont.) | <i>Monthly Reports of Inspection</i><br>Unbound monthly reports of inspection, December 1867–November 1868, are arranged chronologically.   | Dec. 1867–Nov. 1868 |
|               | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, December 1867–November 1868, are arranged chronologically.   | Dec. 1867–Nov. 1868 |
|               | <i>Reports of Indigents and Destitutes</i><br>Unbound reports of indigents and destitutes, January–July 1868, are arranged chronologically.   | Jan.–July 1868      |
|               | <i>Register of Complaints</i><br>The single-volume register of complaints, August 1868 (296), is unarranged.  |                     |
|               | Volume (296)  | Aug. 1868           |
|               | <i>"Journal of Business"</i><br>The single-volume "journal of business," May 1867–November 1868 (295½), is arranged chronologically.  |                     |
|               | Volume (295½)   | May 1867–Nov. 1868  |
|               | <b>JEFFERSON CITY (SEE CARROLLTON)</b>  |                     |
|               | <b>JESUITS BEND (PROVOST MARSHAL, AGENT, AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                     |
|               | <i>Letters and Orders Sent and Received</i><br>The single volume of letters and orders sent and received, January 1863–November 1865 (540), is arranged chronologically. The volume also contains other miscellaneous lists and registers, such as a register of lessees of plantations and lists of paroled prisoners. |                     |
|               | Volume (540)  | Jan. 1863–Nov. 1865 |
|               | <i>Letters Sent</i><br>The single volume of letters sent, January–August 1868 (302), is arranged chronologically and has a name index.  |                     |
|               | Volume (302)  | Jan.–Aug. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

80 *Registers of Letters Received*

(cont.) The two volumes of registers of letters received, 1 (534) and 2(301), cover the period December 1865–August 1868. The entries in volume 1 (534) are arranged chronologically. Those in volume 2 (301) are arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically. Volume 2 (301) also contains **endorsements sent** (August 1864–November 1865) and some **miscellaneous lists**.

Volume 1 (534)

Dec. 1865–May 1868

Volume 2 (301)

Feb.–Aug. 1868

*Letters Received*

Unbound letters received, June 1865–August 1868, are arranged chronologically by date received. Some of the letters are entered in volumes 1 (534) and 2 (301) of the registers of letters received described above.

June 1865–Aug. 1868

*Inspection Reports*

Unbound inspection reports, November 1866 and April 1868, are arranged chronologically.

Nov. 1866; Apr. 1868

*Returns of School Property*

Unbound returns of school property, January 1866–August 1868, are arranged chronologically.

Jan. 1866–Aug. 1868

*School Reports of Receipts and Expenditures*

Unbound school reports of receipts and expenditures, May–August 1866, April–June 1867, and January–July 1868, are arranged chronologically.

May–Aug. 1866; Apr.–June 1867;

Jan.–July 1868

*Reports of Persons and Articles Hired*

Unbound reports of persons and articles hired, May–July 1867 and January–April 1868, are arranged chronologically.

May–July 1867; Jan.–Apr. 1868

*Monthly Returns of Quartermaster Stores*

Unbound monthly returns of quartermaster stores, September 1866 and May 1867, are arranged chronologically.

Sept. 1866; May 1867



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL          | DESCRIPTION   | DATES  |
|---------------|---|--|
| 80<br>(cont.) | <p><b>"Journal of Business"</b><br/>The single-volume "Journal of Business," January–August 1868 (303), is arranged chronologically.</p> <p>Volume (303)</p>  | <p>Jan.–Aug. 1868</p>  |
|               | <p><i>Miscellaneous Records</i><br/>Unbound miscellaneous records dated December 1866–February 1867 consist of three items.</p>   | <p>Dec. 1866–Feb. 1867</p>   |
| 81            | <p><b>KENILWORTH PLANTATION (SEE NEW ORLEANS)</b></p> <p><b>LABATUTS LANDING (SEE NEW ROADS)</b></p> <p><b>LAKE PROVIDENCE (ASSISTANT SUBASSISTANT COMMISSIONER)</b></p> <p><i>Letters Sent</i><br/>The four volumes of letters sent, February 1866–December 1868, 1 (310), 2 (311), 3 (312), and 4 (313), are arranged chronologically, and each volume has a name index. The last letters in volume 1 (310) are duplicated in volume 2 (311).</p> | <p>Feb. 1866–Apr. 1867<br/>Jan. 1867–Sept. 1867<br/>Sept. 1867–Apr. 1868<br/>Apr. –Dec. 1868</p> |
|               | <p><i>Register of Letters Received and Endorsements Sent and Received</i><br/>The single-volume register of letters received and endorsements sent and received, January–September 1868 (314), is arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically.</p>   | <p>Jan.–Sept. 1868</p>   |
|               | <p><i>Letters and Orders Received from the Assistant Commissioner and His Staff</i><br/>The three volumes of letters and orders received from the Assistant Commissioner and his staff, January 1866–December 1868, 1 (305), 2 (307), and 3 (309), are arranged chronologically and each volume has a name index.</p>   | <p>Jan.–Dec. 1866<br/>Jan. 1867–June 1868<br/>June–Dec. 1868</p>                                 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                |
|---------|--|----------------------|
| 81      | <i>Letters Received from Local Citizens</i>  |                      |
| (cont.) | The three volumes of letters received from local citizens, February 1866–December 1868, 1 (304), 2 (306), and 3 (308), are arranged chronologically, and each volume has a name index. |                      |
|         | Volume 1 (304)   | Feb.–Oct. 1866       |
|         | Volume 2 (306)   | Jan.–Oct. 1867       |
|         | Volume 3 (308)   | Sept. 1867–Dec. 1868 |
| 82      | <i>Letters Received</i>  |                      |
|         | Unbound letters received, January 1867–December 1868, are arranged chronologically.  |                      |
|         |  | Jan. 1867–Dec. 1868  |
|         | <i>Unregistered Letters Received</i>   |                      |
|         | Unbound unregistered letters received, February 1866–October 1868, are arranged chronologically by date received.  |                      |
|         |  | Feb. 1866–Oct. 1868  |
|         | <i>Orders and Circulars Received</i>   |                      |
|         | Unbound orders and circulars received, February 1866–October 1868, are arranged chronologically.   |                      |
|         |  | Feb. 1866–Oct. 1868  |
|         | <i>Monthly Inspection Reports</i>  |                      |
|         | Unbound monthly inspection reports, March 1866–October 1867, are arranged chronologically.   |                      |
|         |  | Mar. 1866–Oct. 1867  |
|         | <i>Miscellaneous School Reports</i>  |                      |
|         | Unbound miscellaneous school reports, May–October 1866, are arranged chronologically.  |                      |
|         |  | May–Oct. 1866        |
|         | <i>Land Reports</i>  |                      |
|         | Unbound land reports, February–September 1866, are arranged chronologically.   |                      |
|         |  | Feb.–Sept. 1866      |
|         | <i>Monthly Reports of Persons and Articles Hired</i>   |                      |
|         | Unbound monthly reports of persons and articles hired, April 1867–March 1868, are arranged chronologically.  |                      |
|         |  | Apr. 1867–Mar. 1868  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES               |
|---------|--|---------------------|
| 82      | <i>Narrative Trimonthly Reports of Complaints</i>  |                     |
| (cont.) | Unbound narrative trimonthly reports of complaints, August–December 1867, are arranged chronologically.  | Aug.–Dec. 1867      |
|         | <i>Monthly Reports of Destitutes</i>   |                     |
|         | Unbound monthly reports of destitutes, May 1867–July 1868, are arranged chronologically.   | May 1867–July 1868  |
|         | <i>Records Relating to Court Cases</i>   |                     |
|         | Unbound records relating to court cases, February 1866–March 1867, are arranged by type of record. Included are complaints, affidavits, trials, powers of attorney, paroles, and leases. | Feb. 1866–Mar. 1867 |
| 83      | <i>Indentures</i>  |                     |
|         | Unbound indentures, March 1866–May 1868, are arranged chronologically.   | Mar. 1866–May 1868  |
|         | <i>Applications for Rations</i>  |                     |
|         | Unbound applications for rations, March 1867–July 1868, are arranged chronologically.  | Mar. 1867–July 1868 |
|         | <i>"Journal of Business"</i>   |                     |
|         | The single-volume "Journal of Business," January–December 1867 (315), is arranged chronologically.   | Jan.–Dec. 1867      |
|         | Volume (315)   |                     |
|         | <i>Accounts with Planters for Supplies Furnished</i>   |                     |
|         | The single volume of accounts with planters for supplies furnished, April–September 1868 (316), is arranged by name of planter and thereunder chronologically. It has a name index.      | Apr.–Sept. 1868     |
|         | Volume (316)   |                     |
|         | <i>Freedmen's Accounts Settled</i>   |                     |
|         | Unbound freedmen's accounts settled, January 1866–October 1867, are arranged chronologically.  | Jan. 1866–Oct. 1867 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION   | DATES               |
|---------------|---|---------------------|
| 83<br>(cont.) | <i>"Cash Receipts for Blank Forms"</i><br>The single-volume "cash receipts for blank forms," February 1866–November 1868 (317), is arranged chronologically. The volume also contains <b>"agreements with freedmen"</b> (contracts), 1866, arranged numerically.  |                     |
|               | Volume (317)  | Feb. 1866–Nov. 1868 |
|               | <i>Accounts Current</i><br>Unbound accounts current, March 1866–February 1868, are arranged chronologically.  |                     |
|               |   | Mar. 1866–Feb. 1868 |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, April 1866–July 1868, are arranged by type of record. Included are abstracts, vouchers, and returns.   |                     |
|               |   | Apr. 1866–July 1868 |
|               | <b>MCHATTON HOME COLONY</b>   |                     |
|               | <i>Letters Sent and Received</i><br>The single volume of letters sent and received, August–December 1865 (170), is arranged chronologically.  |                     |
|               | Volume (170)  | Aug.–Dec. 1865      |
|               | <i>Register of Arrivals and Departures</i><br>The single-volume register of arrivals and departures, 1864–65 (159), is arranged by arrival or departure. The volume also contains <b>arrivals and departures at Rost Home Colony, 1866</b> , arranged by "arrival" or "departure."  |                     |
|               | Volume (159)  | 1864–65             |
|               | <b>MADISONVILLE (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                     |
|               | <i>Letters Sent</i><br>The three volumes of letters sent, October 1866–December 1868, 1 (330), 2 (331), and 3 (332) are arranged in chronological order and numbered. Volume 3 (332) has a name index. Volume 1 (330) also contains <b>complaints</b> (November 1866–January 1867), arranged chronologically, and <b>letters received</b> (October 1866), arranged in chronological order and numbered. Volume 1 (330) also contains various records for the parish of Livingston at Springfield: <b>letters sent</b> (May–July 1866), arranged in chronological order and numbered; <b>complaints</b> (May 1866), arranged chronologically; and <b>letters received</b> (May–June 1866), arranged in chronological order and numbered. There is a complete table of contents to 1 (330). |                     |
|               | Volume 1 (330)  | Oct. 1866–Apr. 1867 |
|               | Volume 2 (331)  | May 1867–Apr. 1868  |
|               | Volume 3 (332)  | May–Dec. 1868       |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES                |
|------|--|----------------------|
| 84   | <i>Register of Letters Received</i><br>The single-volume register of letters received, July 1867–December 1868 (329), is arranged alphabetically by initial letter of surname of writer and thereunder chronologically.  |                      |
|      | Volume (329)   | July 1867–Dec. 1868  |
|      | <i>Registered Letters Received</i><br>Unbound registered letters received, July 1867–October 1868, are arranged by initial letter of surname of correspondent and thereunder arranged in chronological order by date received and numbered.  |                      |
|      |  | July 1867–Oct. 1868  |
|      | <i>Miscellaneous Monthly Reports</i><br>Unbound miscellaneous monthly reports, November 1867–December 1868, are arranged by type of report and thereunder chronologically. Included are inspection reports, November 1867 and August–October 1868, and reports of persons and articles hired, October–December 1868. |                      |
|      |  | Nov. 1867–Dec. 1868  |
|      | <i>"Journal of Business"</i><br>The single-volume "Journal of Business," April 1867–September 1868 (333), is arranged chronologically.   |                      |
|      | Volume (333)   | Apr. 1867–Sept. 1868 |
|      | <b>MANSFIELD (ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                      |
|      | <i>Letters Sent</i><br>The single volume of letters sent, May–December 1868 (325), is arranged chronologically and has a name index.   |                      |
|      | Volume (325)   | May–Dec. 1868        |
|      | <i>Register of Letters Received</i><br>The single-volume register of letters received, June–July 1868 (324), is arranged chronologically by date received. The volume also contains <b>letters received</b> , September–November 1868, arranged chronologically by date received and a name index.                   |                      |
|      | Volume (324)   | June–July 1868       |
|      | <i>Letters Received</i><br>Unbound letters received, July 1867–November 1868, are arranged chronologically by date received.   |                      |
|      |  | July 1867–Nov. 1868  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES                         |
|---------------|--|-------------------------------|
| 84<br>(cont.) | <i>Register of Complaints</i><br>The single-volume register of complaints, May–November 1868 (327), is arranged chronologically.   |                               |
|               | Volume (327)   | May–Nov. 1868                 |
|               | <i>Register of Marriages</i><br>The single-volume register of marriages, September–November 1865 (328), is arranged in chronological order and numbered.   |                               |
|               | Volume (328)   | Sept.–Nov. 1865               |
|               | <i>List of Indigents</i><br>The single-volume list of indigents, January–May (326), is undated and arranged by initial letter of surname of indigent and thereunder chronologically. There is no year given in the volume.   |                               |
|               | Volume (326)   | Jan.–May (No year)            |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, August 1867–October 1868, are arranged by type of record and thereunder chronologically. Included are monthly inspection reports (February and October 1868); monthly school reports of the district superintendent, (September 1868); monthly reports of persons and articles hired (February 1868); estimate of clothing (undated); indentures (August 1867); and affidavits and applications of planters for supplies (February–May 1868). |                               |
|               |  | Aug. 1867–Oct. 1868           |
|               | <b>MARKSVILLE (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                               |
|               | <i>Letters Sent</i><br>The two volumes of letters sent, July 1866–October 1867 and May–December 1868, 1 (319) and 2 (320), are arranged chronologically and have name indexes.   |                               |
|               | Volume 1 (319)   | July 1866–Aug. 1867           |
|               | Volume 2 (320)   | Aug.–Oct. 1867; May–Dec. 1868 |
|               | <i>Register of Letters Received</i><br>The single-volume register of letters received, March 1866–December 1868 (318), is arranged chronologically and includes endorsements. The volume has a name index.   |                               |
|               | Volume (318)   | Mar. 1866–Dec. 1868           |
|               | <i>Letters Received</i><br>Unbound letters received, March 1866–December 1868, are arranged chronologically by date received. Some of the letters are entered in the single-volume register of letters received (318) described above.   |                               |
|               |  | Mar. 1866–Oct. 1867           |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES               |
|------|--|---------------------|
| 85   | <i>Letters Received (cont.)</i>  | Oct. 1867–Dec. 1868 |
|      | <i>Trimonthly Narrative Reports of Operations</i><br>Unbound trimonthly narrative reports of operations, May 1867–December 1868, are arranged chronologically.   | May 1867–Dec. 1868  |
|      | <i>Monthly School Reports</i><br>Unbound monthly school reports, May 1867–April 1868, are arranged chronologically. Included are school reports of the district superintendent, receipts, and expenditures. Arranged chronologically.  | May 1867–Apr. 1868  |
|      | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, May 1866–October 1868, are arranged chronologically.  | May 1866–Oct. 1868  |
|      | <i>Reports of Indigents</i><br>Unbound reports indigents, October 1866–March 1868, are arranged chronologically.   | Oct. 1866–Mar. 1868 |
|      | <i>Indentures</i><br>Unbound indentures, July 1866–November 1868, are unarranged.  | July 1866–Nov. 1868 |
|      | <i>"Journal of Business"</i><br>The single-volume "Journal of Business," December 1867–November 1868 (321), is arranged chronologically.   | Dec. 1867–Nov. 1868 |
|      | <i>Miscellaneous Records Relating to the Issuance of Supplies to Planters</i><br>Unbound miscellaneous records relating to the issuance of supplies to planters, February–November 1868, are arranged chronologically. Included are monthly reports of supplies received and issued, lists of planters receiving supplies, bonds of planters for supplies, receipts of supplies, and affidavits. | Feb.–Nov. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES               |
|---------|--|---------------------|
| 85      | <i>Accounts with Planters for Supplies Furnished</i>   |                     |
| (cont.) | The single volume of accounts with planters for supplies furnished, April–December 1868 (323), are arranged by name of planter and thereunder chronologically. The volume has a name index.  |                     |
|         | Volume (323)   | Apr.–Dec. 1868      |
|         | <i>Accounts</i>  |                     |
|         | The single volume of accounts, March 1866–August 1867 (322), is arranged chronologically. The volume also contains one letter sent on May 28, 1868.  |                     |
|         | Volume (322)   | Mar. 1866–Aug. 1867 |
|         | <i>Miscellaneous Records</i>   |                     |
|         | Unbound miscellaneous records, January 1867–December 1868, are arranged by type of record.   |                     |
|         |  | Jan. 1867–Dec. 1868 |
|         | <b>MERRITTS PLANTATION (SEE NEW ORLEANS)</b>   |                     |
|         | <b>MILLIKENS BEND (PROVOST MARSHAL AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|         | <i>Letters Sent</i>  |                     |
|         | The two volumes of letters sent, May 1867–December 1868, 1 (339) and 2 (340), are arranged chronologically. Volume 2 (340) has a name index.   |                     |
|         | Volume 1 (339)   | May 1867–May 1868   |
|         | Volume 2 (340)   | July–Dec. 1868      |
| 86      | <i>Registers of Letters Received and Endorsements</i>  |                     |
|         | <i>Sent and Received</i>   |                     |
|         | The three volumes of registers of letters received and endorsements sent and received, May 1867–December 1868, 1 (336), 2 (337), and 3 (338), are arranged by time period. Each volume has a name index. The entries are arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically. |                     |
|         | Volume 1 (336)   | May 1867–Feb. 1868  |
|         | Volume 2 (337)   | Mar.–Aug. 1868      |
|         | Volume 3 (338)   | Aug.–Dec. 1868      |
|         | <i>Letters and Orders Received</i>   |                     |
|         | The two volumes of letters and orders received, May 1867–December 1868, 1 (334) and 2 (335), are arranged chronologically, and each volume has a name index.   |                     |
|         | Volume 1 (334)   | May 1867–Oct. 1868  |
|         | Volume 2 (335)   | Oct.–Dec. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

86 *Letters Received*

(cont.) Unbound letters received, May 1867–December 1868, are arranged by volume number and thereunder according to their entry in volumes 1 (334) and 2 (335) of the two volumes of letters and orders received described above. Also, some are arranged according to their entry in volumes 2 (337) and 3 (338) of the three volumes of registers of letters received and endorsements sent and received, described above.

May 1867–Dec. 1868

*Unregistered Letters Received*

Unbound unregistered letters received, June 1867–September 1868, are arranged chronologically by date received.

June 1867–Sept. 1868

*Circulars Received*

Unbound circulars received, April 1866–December 1868, are arranged chronologically.

Apr. 1866–Dec. 1868

*Trimonthly Reports of Operations*

Unbound trimonthly reports of operations, March–December 1868, are arranged chronologically.

Mar.–Dec. 1868

*Monthly Inspection Reports*

Unbound monthly inspection reports, May 1867–December 1868, are arranged chronologically.

May 1867–Dec. 1868

*Monthly School Reports*

Unbound monthly school reports, January–December 1868, are arranged chronologically.

Jan.–Dec. 1868

*Monthly School Reports of Receipts  
and Expenditures*

Unbound monthly school reports of receipts and expenditures, May 1867–January 1868, are arranged chronologically.

May 1867–Jan. 1868

87 *Monthly Reports of Persons and Articles Hired*

Unbound monthly reports of persons and articles hired, May 1867–December 1868, are arranged chronologically.

May 1867–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

87 *Court Records*

(cont.) Unbound court records, May–December 1864, are unarranged.

May–Dec. 1864

*Register of Rations Received at the  
Van Buren Hospital for Freedmen*

The single-volume register of rations received at the Van Buren Hospital for Freedmen, January–March 1864 (343), is arranged chronologically. The volume also contains a **list of nurses** for the “small pox hospital,” and a **list of patients** at Freedmen’s General Hospital No. 2, Branch No. 2 (March–April 1864).

Volume (343)

Jan.–Mar. 1864

*List of Persons to Whom Rations Have Been Issued*

The single-volume “list of persons to whom rations have been issued,” January–February 1868 (341), is arranged chronologically by date issued. The volume also includes a **list of destitute persons** (January–August 1868), unarranged.

Volume (341)

Jan.–Feb. 1868

*Miscellaneous Records Relating to Rations Issued*

Unbound miscellaneous records relating to rations issued, May–August 1868, are unarranged. Included are monthly returns of stores issued to destitutes, abstracts, and vouchers.

May–Aug. 1868

*Miscellaneous Records Relating to Issuance  
of Supplies to Planters*

Unbound miscellaneous records relating to issuance of supplies to planters, March–October 1868, are unarranged.

Mar.–Oct. 1868

*Certificates Permitting Occupation and Cultivation  
of Plantations*

Unbound certificates permitting occupation and cultivation of plantations, March 1865, are arranged numerically.

Mar. 1865

*“Journal of Business”*

The single-volume “Journal of Business,” May 1867–December 1868 (342), is arranged chronologically.

Volume (342)

May 1867–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                            |
|---------|--|----------------------------------|
| 87      | <i>Bills of Lading</i>   |                                  |
| (cont.) | Unbound bills of lading, May–December 1867 and September and November 1868, are arranged chronologically.  | May–Dec. 1867; Sept. & Nov. 1868 |
|         | <i>Accounts Current</i>  |                                  |
|         | Unbound accounts current, May–September 1867 and March 1868, are arranged chronologically.   | May–Sept. 1867; Mar. 1868        |
|         | <i>Miscellaneous Records</i>   |                                  |
|         | Unbound miscellaneous records, July 1867–September 1868, are arranged by type of record. Included are affidavits, bonds, and abstracts.  | July 1867–Sept. 1868             |
|         | <b>MONROE (SUBASSISTANT COMMISSIONER OF 5TH SUBDISTRICT)</b>   |                                  |
|         | <i>Letters Sent</i>  |                                  |
|         | The single volume of letters sent, May–December 1867 (347), is arranged chronologically. The volume has a name index.  |                                  |
|         | Volume (347)   | May–Dec. 1867                    |
|         | <i>Registers of Letters Received and Endorsements Sent</i>   |                                  |
|         | The two volumes of registers of letters received and endorsements sent, June 1867–December 1868, 1 (344) and 2 (345), are arranged by time period. The entries are arranged by initial letter of surname of writer and thereunder arranged in chronological order and numbered. Volume 2 (345) has a name index. |                                  |
|         | Volume 1 (344)   | June 1867–Jan. 1868              |
|         | Volume 2 (345)   | Jan.–Dec. 1868                   |
|         | <i>Letters Received</i>  |                                  |
|         | Unbound letters received, March 1867–December 1868, are arranged chronologically by date received.   | Mar. 1867–Mar. 1868              |
| 88      | <i>Letters Received (cont.)</i>  | Mar.–Dec. 1868                   |
|         | <i>Circulars Issued</i>  |                                  |
|         | The single volume of circulars issued, May 1867–December 1868 (350), is arranged chronologically.  |                                  |
|         | Volume (350)   | May 1867–Dec. 1868               |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 88      | <i>Orders and Circulars Received</i>  |                     |
| (cont.) | Unbound orders and circulars received, April 1867–December 1868, are arranged chronologically.  | Apr. 1867–Dec. 1868 |
|         | <i>Bills of Lading</i>  |                     |
|         | Unbound bills of lading, May 1867–November 1868, are arranged chronologically.  | May 1867–Nov. 1868  |
|         | <i>Miscellaneous Records</i>  |                     |
|         | Unbound miscellaneous records, August 1867–February 1868, are arranged by type of record. Included is a report of freedmen claims prepared and forwarded (February 1868); a report of civilians employed (no date); and an abstract (August 1867).  | Aug. 1867–Feb. 1868 |
|         | <b>MONROE (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                     |
|         | <i>Letters Sent</i>   |                     |
|         | The two volumes of letters sent, June 1867–December 1868, 1 (348) and 2 (349), are arranged chronologically. Volume 1 (348) has a complete name index, and volume 2 (349) has a partial name index. Volume 2 (349) also contains a “list of discharged soldiers and sailors in Parish Ouachita who have not received their arrears of bounty money,” April–August 1865, arranged numerically. |                     |
|         | Volume 1 (348)  | June 1867–June 1868 |
|         | Volume 2 (349)  | June–Dec. 1868      |
|         | <i>Register of Letters Received</i>   |                     |
|         | The single-volume register of letters received, July 1867–December 1868 (346), is arranged by initial letter of surname of correspondent and thereunder arranged in chronological order and numbered. The volume includes endorsements.   |                     |
|         | Volume (346)  | July 1867–Dec. 1868 |
|         | <i>Letters Received</i>   |                     |
|         | Unbound letters received, March 1866–December 1868, are arranged chronologically by date received.  | Mar. 1866–Dec. 1868 |
|         | <i>Orders and Circulars Received</i>  |                     |
|         | Unbound orders and circulars received, February 1866–June 1867, are arranged chronologically by date received.  | Feb. 1866–June 1867 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES               |
|---------|--|---------------------|
| 88      | <i>Trimonthly Reports of Operations</i>  |                     |
| (cont.) | Unbound trimonthly reports of operations, April–December 1866, are arranged chronologically.   | Apr.–Dec. 1866      |
|         | <i>Monthly Inspection Reports</i>  |                     |
|         | Unbound monthly inspection reports, February 1866–March 1868, are arranged chronologically.  | Feb. 1866–Mar. 1868 |
|         | <i>Register of Contracts</i>   |                     |
|         | The single-volume register of contracts, January–August 1866 (353), is arranged and numbered by date forwarded. The volume also contains several lists relating to contracts (March 1866–January 1867), arranged by type of list; a register of contracts (January–June 1867), arranged and numbered by date forwarded; a register of contracts approved (January–February 1868); a list of “names of indigent freed people in Parish Ouachita” (January–March 1868); a “list of colored destitutes to whom supplies have been issued” (no date); a list of rations issued to destitute freed people (January–July 1868); a list of indigent and destitute freed people applying for relief (July 1868); and a list of indigent whites in Parish Ouachita (January–July 1868). |                     |
|         | Volume (353)   | Jan.–Aug. 1866      |
| 89      | <i>Indentures</i>  |                     |
|         | Unbound indentures, March–November 1867, are arranged chronologically.   | Mar.–Nov. 1867      |
|         | <i>Register of Sick and Wounded Freedmen</i>   |                     |
|         | The single-volume register of sick and wounded freedmen, November 1867–August 1868 (354), is arranged numerically.   |                     |
|         | Volume (354)   | Nov. 1867–Aug. 1868 |
|         | <i>“Journal of Business”</i>   |                     |
|         | The single-volume “Journal of Business,” June 1867–November 1868 (351), is arranged chronologically.   |                     |
|         | Volume (351)   | June 1867–Nov. 1868 |
|         | <i>Bills of Lading</i>   |                     |
|         | Unbound bills of lading, February–August 1867, are arranged chronologically.   | Feb.–Aug. 1867      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES                |
|---------------|--|----------------------|
| 89<br>(cont.) | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, September 1865–November 1868, are arranged by type of record. Included are reports of indigents and helpless (October–December 1866 and January 1868); accounts current (December 1866–January 1867 and August 1868); monthly school reports of the district superintendent (June–November 1868); monthly school reports of teachers (November 1868); monthly reports of cases tried and fines imposed (September–October 1865); letters sent (April 1866–January 1867); invoices (April 1867); a list of stores (May 1866); a receipt (August 1867); and affidavits (December 1867). | Sept. 1865–Nov. 1868 |
|               | <b>MONTGOMERY (ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                      |
|               | <i>Letters Sent</i><br>The single volume of letters sent, June 1867–September 1868 (356), is arranged chronologically and has a name index.  |                      |
|               | Volume (356)   | June 1867–Sept. 1868 |
|               | <i>Register of Letters Received</i><br>The single-volume register of letters received, June 1867–August 1868 (355), is arranged chronologically by date received and has a name index.   |                      |
|               | Volume (355)   | June 1867–Aug. 1868  |
|               | <i>Trimonthly Reports</i><br>The single volume of trimonthly reports, June 1867–August 1868 (357), is arranged chronologically.  |                      |
|               | Volume (357)   | June 1867–Aug. 1868  |
|               | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, September 1867–August 1868, are arranged chronologically.   |                      |
|               |  | Sept. 1867–Aug. 1868 |
|               | <i>Accounts with Planters for Supplies Furnished</i><br>The single volume of accounts with planters for supplies furnished, April–October 1868 (358), is arranged by name of planter and thereunder chronologically. The volume has a name index.  |                      |
|               | Volume (358)   | Apr.–Oct. 1868       |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, August 1867–August 1868, are arranged by type of record. Included are monthly school reports of the district superintendent (August 1868); trimonthly reports of operations (August 1867); monthly reports of supplies received (May–August 1868); and bonds and affidavits (March 1868).   |                      |
|               |  | Aug. 1867–Aug. 1868  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES               |
|---------|--|---------------------|
| 89      | <b>MOSSY FARM PLANTATION (SEE TRINITY)</b>   |                     |
| (cont.) | <b>NAPOLEONVILLE (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>   |                     |
|         | <i>Letters Sent</i>  |                     |
|         | The two volumes of letters sent, May 1867–March 1868 and June–November 1868, 1 (380) and 2 (381) are arranged chronologically. Volume 1 (381) also contains complaints, May and July–August 1867, arranged chronologically.  |                     |
|         | Volume 1 (380)   | May 1867–Mar. 1868  |
|         | Volume 2 (381)   | June–Nov. 1868      |
|         | <i>Letters Sent</i>  |                     |
|         | Unbound letters sent, December 1866–May 1867, are arranged chronologically.  |                     |
|         |  | Dec. 1866–May 1867  |
|         | <i>Register of Letters Received</i>  |                     |
|         | The single-volume register of letters received, May–September 1867 (378), is arranged in general chronological order and has a name index. The volume includes endorsements sent and received.   |                     |
|         | Volume (378)   | May–Sept. 1867      |
|         | <i>Letters Received</i>  |                     |
|         | The single volume of letters received, May 1867–February 1868 (379), is arranged in general chronological order and has a name index.  |                     |
|         | Volume (379)   | May 1867–Feb. 1868  |
|         | <i>Letters Received</i>  |                     |
|         | Unbound letters received, May 1865–December 1867, are arranged chronologically by date received.   |                     |
|         |  | May 1865–Dec. 1867  |
| 90      | <b>Miscellaneous Records</b>   |                     |
|         | Unbound miscellaneous records, March 1865–November 1868, are arranged by type of record. Included are monthly inspection reports (November 1868); monthly school reports of receipts and expenditures (August 1867 and May 1868); returns of school property (October 1867); reports of indigents and destitutes (December 1867); reports of rations issued (July 1866); police jury reports of rations issued (July 1866 and May 1867); bills of lading (August 1867); tax rolls (March 1865); payrolls (December 1865); receipts (April 1866); and bounty claims (May 1868). |                     |
|         |  | Mar. 1865–Nov. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

90 NATCHITOCHES (SUBASSISTANT COMMISSIONER OF THE  
(cont.) 4TH SUBDISTRICT)

*Letters Sent*

The two volumes of letters sent, June 1867–December 1868, 1 (361) and 2 (362) are arranged in chronological order and numbered. Volume 2 (362) has a name index.

Volume 1 (361)  
Volume 2 (362)

June 1867–Oct. 1868  
Oct.–Dec. 1868

*Endorsements Sent*

The three volumes of endorsements sent, June 1867–December 1868, 1 (366), 2 (367), and 3 (368), are arranged in chronological order and numbered. There are name indexes in volumes 2 (367) and 3 (368).

Volume 1 (366)  
Volume 2 (367)  
Volume 3 (368)

June 1867–Oct. 1868  
Oct.–Dec. 1868  
June 1867–Dec. 1868

*Register of Letters Received*

The single-volume register of letters received, June 1867–December 1868 (359), is arranged chronologically and has a name index.

Volume (359)

June 1867–Dec. 1868

*Letters Received*

Unbound letters received, February–December 1868, are arranged chronologically by date received.

Feb.–Dec. 1868

*"Journal of Business"*

The two volumes of "Journals of Business," July 1867–December 1868, 1 (371) and 2 (372), are arranged chronologically.

Volume 1 (371)  
Volume 2 (372)

July 1867–Aug. 1868  
Sept.–Dec. 1868

NATCHITOCHES (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)

*Letters Sent*

The three volumes of letters sent, July 1867–December 1868, 1 (363), 2 (364), and 3 (365), are arranged chronologically and each volume has a name index.

Volume 1 (363)  
Volume 2 (364)  
Volume 3 (365)

July 1867–May 1868  
May–Nov. 1868  
Nov.–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                |
|---------|--|----------------------|
| 90      | <i>Letters Sent</i>  |                      |
| (cont.) | Unbound letters sent, April–October 1866, are arranged chronologically.  |                      |
|         |  | Apr.–Oct. 1866       |
|         | <i>Endorsements Sent</i>   |                      |
|         | The single volume of endorsements sent, November 1867–November 1868 (369), is arranged in chronological order and numbered. It has a name index.               |                      |
|         | Volume (369)   | Nov. 1867–Nov. 1868  |
|         | <i>Register of Letters Received</i>  |                      |
|         | The single-volume register of letters received, July 1867–November 1868 (360) is arranged in chronological order and numbered. The volume has a name index.    |                      |
|         | Volume (360)   | July 1867–Nov. 1868  |
|         | <i>Registered Letters Received</i>   |                      |
|         | Unbound registered letters received, July 1867–November 1868, are arranged as entered in the single-volume register of letters received (360) described above. |                      |
|         |  | July 1867–Mar. 1868  |
| 91      | <i>Registered Letters (cont.)</i>  | Mar.–Nov. 1868       |
|         | <i>Unregistered Letters Received</i>   |                      |
|         | Unbound unregistered letters received, January 1866–December 1868, are arranged chronologically.   |                      |
|         |  | Jan. 1866–Dec. 1868  |
|         | <i>Special Orders Issued</i>   |                      |
|         | The single volume of special orders issued, July 1866–July 1867 (370), is arranged by year and thereunder numerically. It has a name index.                    |                      |
|         | Volume (370)   | July 1866–July 1867  |
|         | <i>Trimonthly Reports of Operations</i>  |                      |
|         | Unbound trimonthly reports of operations, April 1866–August 1868, are arranged chronologically.  |                      |
|         |  | Apr. 1866–Aug. 1868  |
|         | <i>Monthly Inspection Reports</i>  |                      |
|         | Unbound monthly inspection reports, April 1866–September 1868, are arranged chronologically.   |                      |
|         |  | Apr. 1866–Sept. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION   | DATES               |
|------|---|---------------------|
| 91   | <i>Monthly School Reports of the District Superintendent</i><br>(cont.) Unbound monthly school reports of the district superintendent, March–October 1868, are arranged chronologically.  | Mar.–Oct. 1868      |
|      | <i>Monthly School Reports of Receipts and Expenditures</i><br>Unbound monthly school reports of receipts and expenditures, April 1866–August 1868, are arranged chronologically.  | Apr. 1866–Aug. 1868 |
| 92   | <i>Monthly Returns of School Property</i><br>Unbound monthly returns of school property, April 1866–October 1868, are arranged chronologically.   | Apr. 1866–Oct. 1868 |
|      | <i>Reports of Indigents and Helpless</i><br>Unbound reports of indigents and the helpless, June 1866–February 1868, are arranged chronologically.   | June 1866–Feb. 1868 |
|      | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, April 1866–August 1868, are arranged chronologically.  | Apr. 1866–Aug. 1868 |
|      | <i>Register of Complaints</i><br>The single-volume register of complaints, July 1867–July 1868 (374), is arranged chronologically.  | July 1867–July 1868 |
|      | Volume (374)  |                     |
|      | <i>Indentures</i><br>Unbound indentures, January 1866–April 1868, are arranged chronologically.   | Jan. 1866–Apr. 1868 |
|      | <i>Register of Indigent and Helpless Freedmen</i><br>The single-volume register of indigent and helpless freedmen, November 1867 (377), is arranged numerically. The volume also contains a <b>register of indigent and destitute whites</b> , Parish Natchitoches, arranged by month, (February–June 1868); a <b>register of indigent and destitute freed people</b> , Parish Natchitoches, arranged by month (February–June 1868); a <b>register of indigent and destitute whites</b> , Parish Sabine, arranged by month, (February–June 1868); and a <b>register of indigent and destitute freed people</b> , Parish Sabine, arranged by month, (February and May 1868). |                     |
|      | Volume (377)  | Nov. 1867           |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

92 *Register of Supplies and Clothing Issued to Destitutes*

(cont.) The single volume of registers of supplies and clothing issued to destitutes, July 1867–July 1868 (376), is arranged separately by supplies (July 1867–July 1868) and clothing (Mar.–June 1868), and thereunder arranged chronologically.

Volume (376)

July 1867–July 1868

*Accounts with Planters for Supplies*

The single volume of accounts with planters for supplies, March–October 1868 (375), is arranged by name of planter and thereunder chronologically.

Volume (375)

Mar.–Oct. 1868

*Records Relating to Planters' Supplies*

Unbound records relating to planters' supplies, 1868, are arranged by type of record. Included are monthly reports of supplies issued to planters, planters' applications for supplies, and planters' bonds for supplies.

1868

*"Journal of Business"*

The single-volume "Journal of Business," July 1867–December 1868 (373), is arranged chronologically.

Volume (373)

July 1867–Dec. 1868

*Bills of Lading*

Unbound bills of lading, June 1866–October 1868, are arranged chronologically.

June 1866–Oct. 1868

93 *Miscellaneous Records*

Unbound miscellaneous records, 1866–68, are arranged by type of record. Included are accounts current, monthly returns of rations issued, receipts, monthly returns of stores, abstracts, and reports.

1866–68



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

93 NEW IBERIA (ASSISTANT SUBASSISTANT COMMISSIONER)

(cont.) *Letters Sent*

The three volumes of letters sent cover the period February 1866–October 1867 and August–December 1868. Volume 1 (383) is arranged in chronological order and numbered. Volumes 2 (447) and 3 (448) are arranged chronologically. There is a name index in volume 1 (383). Volume 1 (383) also contains “**receipts of school tax**” (August 1866–January 1867), arranged chronologically; a **name list of “tickets sold”** (June–November [no year]), arranged chronologically; a **register of “destitute people applying for relief”** (June–July [no year]), arranged chronologically; and **accounts** (July–August [no year]), arranged chronologically.

|                |                     |
|----------------|---------------------|
| Volume 1 (383) | Aug.–Dec. 1868      |
| Volume 2 (447) | Feb. 1866–Apr. 1867 |
| Volume 3 (448) | Apr.–Oct. 1867      |

*Endorsements Sent and Received*

The single volume of endorsements sent and received, March 1866–December 1868 (382), is arranged chronologically.

|              |                     |
|--------------|---------------------|
| Volume (382) | Mar. 1866–Dec. 1868 |
|--------------|---------------------|

*Register of Letters Received*

The single-volume register of letters received, February 1866–December 1868 (446) is arranged chronologically and has a name index. The volume also contains a **register of special orders received** (February 1866–November 1867).

|              |                     |
|--------------|---------------------|
| Volume (446) | Feb. 1866–Dec. 1868 |
|--------------|---------------------|

94 *Registered Letters Received*

Unbound registered letters received, February 1866–December 1868, are arranged as registered in the single-volume register of letters received (446) described above.

Feb. 1866–Dec. 1868

*Unregistered Letters Received*

Unbound unregistered letters received, December 1865–December 1868, are arranged chronologically.

Dec. 1865–Dec. 1868

*Trimonthly Reports*

The single volume of trimonthly reports, October 1867–October 1868 (384), is arranged chronologically and has a name index.

|              |                     |
|--------------|---------------------|
| Volume (384) | Oct. 1867–Oct. 1868 |
|--------------|---------------------|



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION   | DATES               |
|---------------|---|---------------------|
| 94<br>(cont.) | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, February 1866–October 1868, are arranged chronologically.  | Feb. 1866–Oct. 1868 |
|               | <i>Miscellaneous Reports Relating to Schools</i><br>Unbound miscellaneous reports relating to schools, 1866–67, are arranged by type of report. Included are school reports of teachers and district superintendents, school reports of receipts and expenditures, and reports of school property.  | 1866–67             |
| 95            | <i>Reports of Indigents and Destitutes</i><br>Unbound reports of indigents and destitutes, October 1866–May 1868, are arranged chronologically.   | Oct. 1866–May 1868  |
|               | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, May 1866–December 1868, are arranged chronologically.  | May 1866–Dec. 1868  |
|               | <i>Complaints</i><br>The single volume of complaints, August–October 1865 (452), is arranged by initial letter of the name of the complainant.  | Aug.–Oct. 1865      |
|               | <i>Indentures</i><br>Unbound indentures, April–December 1866, are arranged chronologically.   | Apr.–Dec. 1866      |
|               | <i>Register of Subsistence Stores Issued to Destitute Citizens</i><br>The single-volume register of subsistence stores issued to destitute citizens, April–June 1867 (451), is arranged chronologically by date issued. The volume also contains a <b>register of blank contracts</b> (February–April 1867), arranged chronologically by date delivered, and <b>accounts</b> (February 1866–February 1867), arranged chronologically. | Apr.–June 1867      |
|               | <i>Applications for Rations</i><br>Unbound applications for rations, April 1867–April 1868, are unarranged.   | Apr. 1867–Apr. 1868 |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 95      | <i>Accounts with Planters for Supplies Furnished</i>  |                     |
| (cont.) | The single volume of accounts with planters for supplies furnished, January–December 1868 (386), is arranged by name of planter and thereunder chronologically. The volume has a name index.  |                     |
|         | Volume (386)  | Jan.–Dec. 1868      |
|         | <i>"Journals of Business"</i>   |                     |
|         | The two volumes of "Journal of Business," April 1867–December 1868, 1 (385) and 2 (449), are arranged chronologically.  |                     |
|         | Volume 1 (385)  | Mar.–Dec. 1868      |
|         | Volume 2 (449)  | Apr. 1867–Mar. 1868 |
|         | <i>Accounts</i>   |                     |
|         | The single volume of accounts, February 1866–June 1868 (450), is arranged in general chronological order.   |                     |
|         | Volume (450)  | Feb. 1866–June 1868 |
|         | <i>Miscellaneous Records</i>  |                     |
|         | Unbound miscellaneous records, 1866–68, are arranged by type of record. Included are records relating to the issuance of rations to destitutes, accounts current, records relating to the issuance of supplies to planters, invoices, abstracts, vouchers, and reports.   |                     |
|         |   | 1866–68             |
| 96      | <b>NEW ORLEANS—ASSISTANT SUBASSISTANT COMMISSIONER FOR ORLEANS PARISH LEFT BANK</b><br>(See Microfilm Publication M1483, <i>Records of the New Orleans Field Offices, Bureau of Refugees, Freedmen, and Abandoned Lands, 1865–1869</i> )  |                     |
|         | <b>NEW ORLEANS—HOSPITAL</b> (See M1483)   |                     |
|         | <b>NEW ORLEANS—ASSISTANT SUBASSISTANT COMMISSIONER FOR FOR ST. BERNARD AND PLAQUEMINE PARISHES</b> (See M1483)  |                     |
|         | <b>NEW ROADS (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|         | <i>Letters Sent</i>   |                     |
|         | The two volumes of letters sent, March 1866–September 1868, 1 (390) and 2 (391) are arranged chronologically. There is a name index in each volume. Volume 1 (390) also contains a list of contributors and amount given to "The Lincoln Land Association" (1867); accounts with freedmen (1867); and a "list of laborers employed on Frisbie Place" (December 1867). |                     |
|         | Volume 1 (390)  | Mar. 1866–June 1868 |
|         | Volume 2 (391)  | June–Sept. 1868     |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES               |
|---------|---|---------------------|
| 96      | <i>Registers of Letters Received</i>  |                     |
| (cont.) | The two volumes of registers of letters received, December 1866–September 1868, 1 (387) and 2 (388), are arranged chronologically by date received. Both volumes include endorsements, and each has a name index.   |                     |
|         | Volume 1 (387)  | Dec. 1866–Feb. 1868 |
|         | Volume 2 (388)  | Feb.–Sept. 1868     |
|         | <i>Registered Letters Received</i>  |                     |
|         | The single volume of registered letters received, April–December 1867 (389), is arranged according to their entry in the two volumes of registers of letters received, 1 (387) and 2 (388), described above. The volume has a name index.   |                     |
|         | Volume (389)  | Apr.–Dec. 1867      |
|         | <i>Registered Letters Received</i>  |                     |
|         | Unbound registered letters received, December 1866–August 1868, are arranged and numbered in chronological order by date received and by date and page number of volume in which registered. The letters are entered in the two volumes of registers of letters received, 1 (387) and 2 (388), described above. |                     |
|         |   | Dec. 1866–Aug. 1868 |
|         | <i>Unregistered Letters Received</i>  |                     |
|         | Unbound unregistered letters received, October 1866–October 1868, are arranged chronologically by date received.  |                     |
|         |   | Oct. 1866–Oct. 1868 |
| 97      | <i>Trimonthly and Special Reports</i>   |                     |
|         | The two volumes of trimonthly and special reports, April 1866–September 1868, 1 (392) and 2 (393), are arranged chronologically and each volume has a name index.   |                     |
|         | Volume 1 (392)  | Apr. 1866–May 1868  |
|         | Volume 2 (393)  | May–Sept. 1868      |
|         | <i>Monthly Inspection Reports</i>   |                     |
|         | Unbound monthly inspection reports, March 1866–August 1868, are arranged chronologically.   |                     |
|         |   | Mar. 1866–Aug. 1868 |
|         | <i>Miscellaneous Reports Relating to Schools</i>  |                     |
|         | Unbound miscellaneous reports relating to schools, 1866–68, are arranged by type of report. Included are monthly school reports of the district superintendent, monthly school reports of receipts and expenditures, and reports of school property.  |                     |
|         |   | 1866–68             |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL          | DESCRIPTION  | DATES               |
|---------------|--|---------------------|
| 97<br>(cont.) | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, July 1866–August 1868, are arranged chronologically.  | July 1866–Aug. 1868 |
|               | <i>Monthly Reports of Indigents and Destitutes</i><br>Unbound monthly reports of indigents and destitutes, February–April 1868, are arranged chronologically.  | Feb.–Apr. 1868      |
|               | <i>Indentures</i><br>Unbound indentures, April 1866–February 1868, are unarranged.   | Apr. 1866–Feb. 1868 |
|               | <i>Complaints</i><br>The single volume of complaints, March 1866–August 1868 (396), is arranged chronologically.   | Mar. 1866–Aug. 1868 |
|               | <i>"Journal of Business"</i><br>The single-volume "Journal of Business," May 1867–September 1868 (395), is arranged chronologically.   | May 1867–Sept. 1868 |
|               | <i>Miscellaneous Lists and Registers</i><br>The single-volume of miscellaneous lists and registers (397) covers the period 1866–68. The volume contains accounts, a register of soldiers' claims, a register of contracts, a register of freedmen, a register of rations, and lists of expenses. | 1866–68             |
|               | <i>Accounts</i><br>The single volume of accounts, May 1867–September 1868 (394), is arranged chronologically.  | May 1867–Sept. 1868 |
|               | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, 1865–68, are arranged by type of record. Included are accounts current, bills of lading, monthly returns of quartermaster stores, receipts, abstracts, affidavits, bonds, and applications for rations by destitutes.             | 1865–68             |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES               |
|------|--|---------------------|
| 98   | <b>PLAQUEMINE</b> (See M1483)  |                     |
|      | <b>PLAQUEMINE PARISH</b> (See M1483)   |                     |
|      | <b>POINT COUPEE</b> (SEE NEW ROADS)  |                     |
|      | <b>PORT HUDSON</b> (SEE CLINTON)   |                     |
|      | <b>PRAIRIE LANDING</b> (SEE TRINITY)   |                     |
|      | <b>ROST HOME COLONY</b>  |                     |
|      | <i>Register of Arrivals and Departures</i>   |                     |
|      | The single-volume register of arrivals and departures, February 1865–July 1866 (158), is arranged by arrival or departure and thereunder by year. The year 1865 is arranged chronologically, and 1866 is unarranged.   |                     |
|      | Volume (158)   | Feb. 1865–July 1866 |
|      | <i>Records of Births and Deaths</i>  |                     |
|      | The single-volume record of births and deaths, February–November (161), is undated and arranged by birth or death and thereunder chronologically. The year is not listed.  |                     |
|      | Volume (161)   | Feb.–Nov. (No year) |
|      | <i>Register of Applications for Laborers</i>   |                     |
|      | The single-volume register of applications for laborers, February–April (162), is undated and arranged chronologically. The volume also contains a <b>register of complaints</b> (February–April), arranged chronologically. The year is not listed for either register. |                     |
|      | Volume (162)   | Feb.–Apr. (No year) |
|      | <i>Register of Sick and Wounded Refugees and Freedmen</i>  |                     |
|      | The single-volume register of sick and wounded refugees and freedmen, September–December 1866 (163), is arranged by month and thereunder by adult male, adult female, male child, or female child.   |                     |
|      | Volume (163)   | Sept.–Dec. 1866     |
|      | <i>Accounts of Rations and Clothing Issued at Rost Home Colony, Parish of St. Charles, By J. W. Horton</i>   |                     |
|      | The single volume of rations and clothing issued at Rost Home Colony, Parish of St. Charles, by J. W. Horton, February–December 1865 (160), is arranged chronologically and thereunder separately for rations and clothing.  |                     |
|      | Volume (160)   | Feb.–Dec. 1865      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION | DATES |
|------|-------------|-------|
|------|-------------|-------|

|               |   |  |
|---------------|---|--|
| 98<br>(cont.) | <b>ST. BERNARD</b> (See Microfilm Publication M1483)<br><br><b>ST. FRANCISVILLE</b> (SEE BAYOU SARA)<br><br><b>ST. JAMES</b> (SEE DONALDSONVILLE)<br><br><b>ST. JOSEPH—SUBASSISTANT COMMISSIONER FOR 6TH SUBDISTRICT</b><br><b>(SEE VIDALIA)</b><br><br><b>ST. JOSEPH (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b> |  |
|---------------|---|--|

*Letters Sent*

The five volumes of letters sent, August 1865–September 1868, 1 (461), 2 (462), 3 (455), 4 (463), and 5 (464), are arranged chronologically. Each volume has a name index. Volume 3 (455) also contains a **register of letters received and endorsements sent** (April–May 1867) and **circulars issued** (July 1866–March 1867). Volume 1 (461) also contains **endorsements sent** (November–December 1865) and **letters sent by the agent at East Pascagoula, MS** (February–March 1866).

|                |                     |
|----------------|---------------------|
| Volume 1 (461) | Aug. 1865–Mar. 1866 |
| Volume 2 (462) | Jan. 1866–Apr. 1867 |
| Volume 3 (455) | Apr.–May 1867       |
| Volume 4 (463) | June 1867–July 1868 |
| Volume 5 (464) | Aug.–Sept. 1868     |

*Endorsements Sent and Received*

The single volume of endorsements sent and received, February 1866–March 1867 (454), is arranged chronologically and has a name index. The volume also contains a **register of complaints** (June 1866–May 1867), arranged chronologically. For endorsements, November–December 1865, see the series of letters sent in volume 1 (461), described above.

|              |                     |
|--------------|---------------------|
| Volume (454) | Feb. 1866–Mar. 1867 |
|--------------|---------------------|

*Registers of Letters Received and Endorsements Sent and Received*

The three volumes of registers of letters received and endorsements sent and received, May 1867–August 1868, 1 (457), 2 (458) and 3 (460) are arranged by time period. The entries in volume 1 (457) are arranged chronologically. Those in volumes 2 (458) and 3 (460) are arranged alphabetically by initial letter of surname of correspondent and thereunder chronologically. Volume 1 (457) also contains **letters received** (June–July 1868).

|                |                     |
|----------------|---------------------|
| Volume 1 (457) | May 1867–July 1868  |
| Volume 2 (458) | June 1867–Aug. 1868 |
| Volume 3 (460) | July–Aug. 1868      |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                |
|---------|--|----------------------|
| 98      | <i>Letters and Orders Received</i>   |                      |
| (cont.) | The four volumes of letters and orders received, August 1865–September 1866, May 1867–May 1868, and July–August 1868, 1 (452 ½), 2 (453), 3 (456), and 4 (459), are arranged chronologically. Volume 1 (452 ½) also contains <b>general orders issued</b> , (August 1865) and a <b>register of blacks</b> (no date). |                      |
|         | Volume 1 (452 ½)   | Aug. 1865–Mar. 1866  |
|         | Volume 2 (453)   | Feb.–Sept. 1866      |
|         | Volume 3 (456)   | May 1867–May 1868    |
|         | Volume 4 (459)   | July–Aug. 1868       |
| 99      | <i>Unregistered Letters Received</i>   |                      |
|         | Unbound unregistered letters received, February 1866–August 1868, are arranged chronologically by date received.   |                      |
|         |  | Feb. 1866–Aug. 1868  |
|         | <i>Trimonthly Reports of Operations</i>  |                      |
|         | Unbound trimonthly reports of operations, February 1866–August 1868, are arranged chronologically.   |                      |
|         |  | Feb. 1866–Aug. 1868  |
|         | <i>Monthly Inspection Reports</i>  |                      |
|         | Unbound monthly inspection reports, February 1866–September 1868, are arranged chronologically.  |                      |
|         |  | Feb. 1866–Sept. 1868 |
|         | <i>Miscellaneous Reports Relating to Schools</i>   |                      |
|         | Unbound miscellaneous reports relating to schools, 1866–68, are arranged by type of report. Included are monthly school reports of the district superintendent, monthly school reports of receipts and expenditures, and monthly returns of school property.   |                      |
|         |  | 1866–68              |
|         | <i>Monthly Reports of Persons and Articles Hired</i>   |                      |
|         | Unbound monthly reports of persons and articles hired, February 1866–July 1868, are arranged chronologically.  |                      |
|         |  | Feb. 1866–July 1868  |
| 100     | <i>Court Records</i>   |                      |
|         | Unbound court records, September 1865–February 1868, are arranged chronologically.   |                      |
|         |  | Sept. 1865–Feb. 1868 |
|         | <i>Indentures</i>  |                      |
|         | Unbound indentures, January 1867–July 1868, are arranged chronologically.  |                      |
|         |  | Jan. 1867–July 1868  |



**NATIONAL ARCHIVES AND RECORDS ADMINISTRATION**  
**M I C R O F I L M   P U B L I C A T I O N S**

| ROLL           | DESCRIPTION  | DATES                          |
|----------------|--|--------------------------------|
| 100<br>(cont.) | <i>"Journal of Business"</i><br>The single-volume "Journal of Business," June 1867–August 1868 (465), is arranged chronologically.   |                                |
|                | Volume (465)   | June 1867–Aug. 1868            |
|                | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, 1865–68, are arranged by type of record. Included are bills of lading, monthly reports of money received and expended, monthly reports of abandoned lands, lists of stores, and other reports.          |                                |
|                |  | 1865–68                        |
|                | <b>ST. MARTINSVILLE (SEE NEW IBERIA)</b>   |                                |
|                | <b>SHREVEPORT (SUBASSISTANT COMMISSIONER OF THE 7TH SUBDISTRICT)</b>   |                                |
|                | <i>Letters Received</i><br>Unbound letters received, May 1867–March 1868, are arranged chronologically.  |                                |
|                |  | May 1867–Mar. 1868             |
|                | <b>SHREVEPORT (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                                |
|                | <i>Letters Sent</i><br>The single volume of letters sent, October 1865–December 1868 (439), is arranged chronologically and has a name index.  |                                |
|                | Volume (439)   | Oct. 1865–Dec. 1868            |
|                | <i>Register of Letters and Special Orders Received</i><br>The single-volume register of letters and special orders received, May 1867–December 1868 (437), is arranged in chronological order by date received and numbered, and it has a name index.                  |                                |
|                | Volume (437)   | May 1867–Dec. 1868             |
|                | <i>Letters Received</i><br>Unbound letters received, January 1865 and January 1866–November 1867, are arranged chronologically.  |                                |
|                |  | Jan. 1865, Jan. 1866–Nov. 1867 |
|                | <i>School Reports</i><br>Unbound school reports, November 1866–November 1868, are arranged chronologically. Included are property reports, teachers' and school superintendents' reports, reports of receipts and expenditures, and district superintendents' reports. |                                |
|                |  | Nov. 1866–Nov. 1868            |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                 |
|---------|--|-----------------------|
| 100     | <i>Reports of Persons and Articles Hired</i>   |                       |
| (cont.) | Unbound reports of persons and articles hired, February–July 1867, are arranged chronologically.   | Feb.–July 1867        |
|         | <i>Register of Complaints</i>  |                       |
|         | The single-volume register of complaints, June–September 1866 (441), is arranged chronologically.  |                       |
|         | Volume (441)   | June–Sept. 1866       |
|         | <i>Register of Marriages</i>   |                       |
|         | The single-volume register of marriages, September 1865–January 1866 (442), is arranged in chronological order and numbered.   |                       |
|         | Volume (442)   | Sept. 1865–Jan. 1866  |
|         | <i>Miscellaneous Records</i>   |                       |
|         | Unbound miscellaneous records, September 1865–June 1868, are arranged by type of record. Included are inspection reports (July–October 1866 and June 1868); reports of numbers of acres overflowed (May 1866); accounts current (February–March 1867); receipt rolls of clothing issued (February–March 1868); an affidavit (January 1868); abstracts (September 1865); bills of lading (March–April 1868); final settlement with freedmen (January 1867); and a receipt for wages (February [no year]). |                       |
|         |  | Sept. 1865–June 1868  |
| 101     | <b>SHREVEPORT (SUPERINTENDENT OF EDUCATION)</b>  |                       |
|         | <i>Press Copies of Letters Sent</i>  |                       |
|         | The single volume of press copies of letters sent, September 1869–September 1870 (440), is arranged chronologically.   |                       |
|         | Volume (440)   | Sept. 1869–Sept. 1870 |
|         | <i>Register of Letters Received</i>  |                       |
|         | The single-volume register of letters received, November 1869–March 1870 (438), includes endorsements and is arranged chronologically.   |                       |
|         | Volume (438)   | Nov. 1869–Mar. 1870   |
|         | <b>SHREVEPORT (HOSPITAL)</b>   |                       |
|         | <i>Letters Sent</i>  |                       |
|         | The single volume of letters sent, July 1865–November 1868 (410), is arranged chronologically.   |                       |
|         | Volume (410)   | July 1865–Nov. 1868   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL           | DESCRIPTION   | DATES                          |
|----------------|---|--------------------------------|
| 101<br>(cont.) | <i>Letters Received</i><br>Unbound letters received, February 1867 and November 1867–November 1868, are arranged chronologically.   | Feb. 1867, Nov. 1867–Nov. 1868 |
|                | <i>Reports of Numbers Issued Rations, Medicines and Clothing</i><br>Unbound reports of numbers issued rations, medicines, and clothing, January–May 1868, are arranged chronologically.   | Jan.–May 1868                  |
|                | <i>Reports of Persons and Articles Hired</i><br>Unbound reports of persons and articles hired, June 1867–August 1868, are arranged chronologically.   | June 1867–Aug. 1868            |
|                | <i>Morning Reports</i><br>The single volume of morning reports, July 1865–December 1867 (443), is arranged chronologically. The volume also contains a “scale of destitutes or freedmens rations” (no date and unarranged).   | July 1865–Dec. 1867            |
|                | <i>Hospital Register</i><br>The single-volume hospital register, July–December 1865 (444), is arranged chronologically. The volume includes such information as name, date admitted, date discharged or died, age, sex, and disease. The volume also contains a register of sick and wounded (January–October 1866), arranged chronologically; a “list of prices of can fruits” (February 1868), unarranged; a register of deaths (July–September 1865), arranged chronologically; and a “Freedmens Hospital, Shreveport, La., Form 50” (December 1867–May 1868), relating to provisions. | July–Dec. 1865                 |
|                | <i>Register of Sick and Wounded</i><br>The single volume register of sick and wounded, November 1865–May 1868 (445), is arranged chronologically by date admitted and numbered.   | Nov. 1865–May 1868             |
|                | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, June 1867–October 1868, is arranged by type of record. Included are abstracts of issues to hospital (December 1867); monthly reports of attendants employed (December 1867–March 1868); statements of hospital fund (January–May 1868); abstracts (June 1867–June 1868); receipts (April 1867–April 1868); a list of stores received (January 1868); invoices of medicine and hospital supplies (April 1868); bills of lading (February–October 1868); and requests (January–June 1868).                                   | June 1867–Oct. 1868            |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

102 SPARTA (ASSISTANT SUBASSISTANT COMMISSIONER)

*Letters Sent*

The single volume of letters sent, February–November 1868 (434), is arranged chronologically and has a name index. The volume also contains what may be a **register of letters sent** (June 1867–January 1868), arranged chronologically.

Volume (434)

Feb.–Nov. 1868

*Register of Letters and Issuances Received*

The single-volume register of letters and issuances received, March 1866–January 1868 (433), is arranged by type of record and thereunder chronologically. The volume also contains a list of nine **contracts** for 1868.

Volume (433)

Mar. 1866–Jan. 1868

*Register of Letters Received*

The single-volume register of letters received, March–October 1868 (432), is arranged chronologically and has a name index. The volume also includes endorsements.

Volume (432)

Mar.–Oct. 1868

*Letters Received*

Unbound letters received, January 1867–February 1868, are arranged chronologically.

Jan. 1867–Feb. 1868

*Register of Contracts*

The single-volume register of contracts, March 1866–April 1867 (436), is arranged by year and thereunder numerically. The volume also contains **complaints relating to cases of cruelty** (August–October 1866), arranged chronologically; **complaints relating to differences between freedmen and employers** (August–October 1866), arranged chronologically; a **list of indigent and helpless freedmen** (October 1866); and a **list of indigent and helpless whites** (September–October 1866).

Volume (436)

Mar. 1866–Apr. 1867

*Indentures*

Unbound indentures, December 1865–November 1866, are unarranged.

Dec. 1865–Nov. 1868

*"Journal of Business"*

The single-volume "Journal of Business," April 1867–November 1868 (435), is arranged chronologically and has a name index.

Volume (435)

Apr. 1867–Nov. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION  | DATES                       |
|---------|--|-----------------------------|
| 102     | <i>Affidavits</i>  |                             |
| (cont.) | Unbound affidavits, September 1866 and September–October 1867, are arranged chronologically.   | Sept. 1866, Sept.–Oct. 1867 |
|         | <b>SPRINGFIELD (SEE HAMMOND STATION)</b>   |                             |
|         | <b>THIBODEAUX (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                             |
|         | <i>Letters Sent</i>  |                             |
|         | The single volume of letters sent, March–December 1868 (472), is arranged chronologically and has a name index.  |                             |
|         | Volume (472)   | Mar.–Dec. 1868              |
|         | <i>Endorsements Sent and Received</i>  |                             |
|         | The single volume of endorsements sent and received, April 1867–August 1868 (473), is arranged chronologically and has a name index. The volume also contains a <b>register of letters received</b> (September–October 1868), arranged chronologically.  |                             |
|         | Volume (473)   | Apr. 1867–Aug. 1868         |
|         | <i>Letters Received</i>  |                             |
|         | The single volume of letters received, May 1867–April 1868 (471), is arranged chronologically. The volume also contains a <b>register of letters received</b> (March–May 1867), arranged chronologically by date received; a <b>register of letters received</b> , (April–December 1868), arranged chronologically by date received; a <b>register of circulars received</b> (March 1866–May 1867), arranged generally chronologically; and a <b>numerical list of general and special orders and circulars received</b> (1867), arranged by issuing office and thereunder by type of order. There is a name index to the entire volume. |                             |
|         | Volume (471)   | May. 1867–Apr. 1868         |
|         | <i>Letters Received</i>  |                             |
|         | Unbound letters received, January 1867–November 1868, are arranged chronologically by date received.   |                             |
|         |  | Jan. 1867–Apr. 1868         |
| 103     | <i>Letters Received</i> (cont.)  | Apr.–Nov. 1868              |
|         | <i>Monthly Inspection Reports</i>  |                             |
|         | Unbound monthly inspection reports, August 1866–September 1868, are arranged chronologically.  |                             |
|         |  | Aug. 1866–Sept. 1868        |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL           | DESCRIPTION  | DATES                                 |
|----------------|--|---------------------------------------|
| 103<br>(cont.) | <i>Monthly School Reports of the District Superintendent</i><br>Unbound monthly school reports of the district superintendent, March–November 1868, are arranged chronologically.  | Mar.–Nov. 1868                        |
|                | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, November 1867–October 1868, are arranged chronologically.   | Nov. 1867–Oct. 1868                   |
|                | <i>Register of Complaints</i><br>The single-volume register of complaints, April 1867–October 1868 (476), is arranged chronologically. The volume also contains a list of names (September–October 1868), arranged chronologically.        |                                       |
|                | Volume (476)   | Apr. 1867–Oct. 1868                   |
|                | <i>Accounts with Planters for Supplies Furnished</i><br>The single volume of accounts with planters for supplies furnished, April–December 1868 (474), is arranged by name of planter and thereunder chronologically. It has a name index. |                                       |
|                | Volume (474)   | Apr.–Dec. 1868                        |
|                | <i>Accounts</i><br>Unbound accounts, April 1867 (475), are arranged chronologically. The volume also contains a “list of indigent and destitute freedmen,” undated and unarranged.   |                                       |
|                | Volume (475)   | Apr. 1867                             |
|                | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, 1867–68, are arranged by type of record. Included are accounts current, bills of lading, monthly returns of quartermaster stores, receipts, abstracts, and invoices.        |                                       |
|                |  | 1867–68                               |
|                | TRENTON (SEE MONROE)   |                                       |
|                | TRINITY (ASSISTANT SUBASSISTANT COMMISSIONER)  |                                       |
|                | <i>Letters Sent</i><br>The single volume of letters sent, July–October 1867 and August–December 1868 (478), is arranged chronologically and has a name index.  |                                       |
|                | Volume (478)   | July 1867–Oct. 1867<br>Aug.–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

ROLL   DESCRIPTION

DATES

103   *Register of Letters Received*

(cont.)   The single-volume register of letters received, November–December 1868 (477), is arranged chronologically by date received. The volume also contains **trimonthly and special reports** (July 1867–November 1868), arranged chronologically. There is a name index to the entire volume.

Volume (477)

Nov.–Dec. 1868

*Letters Received*

Unbound letters received, May 1867–December 1868, are arranged chronologically by date received.

May 1867–Dec. 1868

*Complaints*

The single volume of complaints, August–November 1868 (479), is arranged chronologically. The volume also contains a “**journal of business**,” (November–December 1868), arranged chronologically.

Volume (479)

Aug.–Nov. 1868

*Miscellaneous Records*

Unbound miscellaneous records, March 1867–November 1868, are arranged by type of record. Included are copies of letters sent (November 1867–November 1868); monthly returns of stores (August 1868); monthly inspection reports (December 1867–February 1868); monthly reports of persons and articles hired (June 1867–November 1868); monthly reports of plantation supplies (May 1868); abstracts (March–October 1868); receipt rolls of clothing (August–October 1868); a list of articles lost or destroyed (no date); requisitions (no date); abstracts (May 1867–April 1868); receipts (August 1867–July 1868); and statements and affidavits (no date).

Mar. 1867–Nov. 1868

104   *Miscellaneous Records (cont.)*

May 1867–Aug. 1868

**VERMILLIONVILLE (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)**

*Letters Sent*

The two volumes of letters sent, February 1866–December 1868, 1 (487) and 2 (488), are arranged chronologically, and both volumes have name indexes. Volume 1 (487) also contains **general orders received** (July 1866), unarranged, and an unidentified list (May 1868). Volume 2 (488) also contains **trimonthly reports** (April–December 1868). The name index in volume 2 (488) is to the entire volume.

Volume 1 (487)

Feb. 1866–Apr. 1868

Volume 2 (488)

May–Dec. 1868



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

104 *Letters Sent Relating to Complaints*

(cont.) The single volume of letters sent relating to complaints, May–October 1866 (489), is arranged chronologically. The volume also contains a **register of contracts approved** (1866); **trimonthly reports** (April 1866–April 1868); a **register of indigent and helpless freedmen** (January–August 1867); a **register of indigent and destitute whites and freed people, Parish Lafayette** (1868); a **register of contracts approved** (1867); a **register of complaints** (February–July 1866); a **register of “blanks sold”** (1866–67); a **register of soldiers’ discharges received and forwarded** (1866–67); a **register of “freedchildren” apprenticed** (no date); a list of **“tuition tickets”** (September–December 1866), arranged chronologically; and an **“official roster”** (January 1, 1868).

Volume (489)

May–Oct. 1866

*Endorsements Sent*

The two volumes of endorsements sent, March 1866–December 1868, 1 (490) and 2 (491), are arranged chronologically, and each volume has a name index. The last entries in volume 1 (490) are duplicated in volume 2 (491).

Volume 1 (490)

Mar. 1866–June 1868

Volume 2 (491)

Jan.–Dec. 1868

*Registers of Letters Received*

The two volumes of registers of letters received, March 1866–December 1868, 1 (485) and 2 (486), are arranged chronologically. The last entries in volume 1 (485) are duplicated in volume 2 (486). Both volumes have name indexes. For letters received, see the series of registered letters received, March 1866–December 1868, described below.

Volume 1 (485)

Mar. 1866–Aug. 1868

Volume 2 (486)

Jan.–Dec. 1868

*Registered Letters Received*

Unbound registered letters received, March 1866–December 1868, are arranged and numbered in chronological order by date received and numbered. The letters are entered in the two-volume series of registers of letters received, March 1866–December 1868, described above.

Mar. 1866–Dec. 1868

105 *Unregistered Letters Received*

Unbound unregistered letters received, January 1866–October 1868, are arranged chronologically by date received.

Jan. 1866–Oct. 1868

*Register of Circulars Received*

The single-volume register of circulars received, May 1865–December 1867 (492), is arranged by issuing office, thereunder by year, and thereunder numerically. The volume also contains **orders received** (December 1867), arranged numerically.

Volume (492)

May 1865–Dec. 1867



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL           | DESCRIPTION  | DATES               |
|----------------|--|---------------------|
| 105<br>(cont.) | <i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, February 1866–October 1868, are arranged chronologically.   | Feb. 1866–Oct. 1868 |
|                | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, February 1866–November 1867, are arranged chronologically.  | Feb. 1866–Nov. 1867 |
|                | <i>"Journals of Business"</i><br>The two volumes of "Journals of Business," March 1867–December 1868, 1 (493) and 2 (494), are arranged chronologically. Volume 2 (494) also contains a <b>register of complaints</b> (March 1867–January 1868), arranged chronologically. Both volumes have name indexes. |                     |
|                | Volume 1 (493)   | Aug.–Dec. 1868      |
|                | Volume 2 (494)   | Mar. 1867–July 1868 |
|                | <i>Accounts with a Planter for Supplies Furnished</i><br>The single volume of accounts with a planter for supplies furnished, June–December 1868 (495), is arranged chronologically.   |                     |
|                | Volume (495)   | June–Dec. 1868      |
|                | <i>Miscellaneous Records</i><br>Unbound miscellaneous records, 1866–68, are arranged by type of record. Included are accounts current, applications for rations, monthly returns of quartermaster stores, school reports, lists of destitutes, and bills of lading.  |                     |
|                |  | 1866–68             |
|                | <b>VERNON (ASSISTANT SUBASSISTANT COMMISSIONER)</b>  |                     |
|                | <i>Letters Sent</i><br>The two volumes of letters sent, May 1867–September 1868, 1 (481) and 2 (482), are arranged chronologically. Both volumes have name indexes.  |                     |
|                | Volume 1 (481)   | May 1867–May 1868   |
|                | Volume 2 (482)   | May–Sept. 1868      |
|                | <i>Register of Letters Received</i><br>The single volume register of letters received, May 1867–September 1868 (480), is arranged chronologically and has a name index.  |                     |
|                | Volume (480)   | May 1867–Sept. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL  | DESCRIPTION  | DATES                                |
|---|--|--------------------------------------|
| 105   | <i>Orders and Circulars Received</i>   |                                      |
| (cont.)   | Unbound orders and circulars received, November–December 1866 and May 1867–August 1868, are arranged chronologically.  | Nov.–Dec. 1866<br>May 1867–Aug. 1868 |
|   | <i>"Journals of Business"</i>  |                                      |
|   | The two volumes of "Journals of Business," May 1867–September 1868, 1 (483) and 2 (484), are arranged chronologically. Volume 2 (484) also contains accounts, May 1867–August 1868, arranged chronologically. There is a name index in volume 2 (484) to "journal of business."  |                                      |
|   | Volume 1 (483)   | May 1867–July 1868                   |
|   | Volume 2 (484)   | May 1867–Sept. 1868                  |
| 106   | <i>Miscellaneous Records</i>   |                                      |
|   | Unbound miscellaneous records, 1867–68, are arranged by type of record. Included are statements of clothing received, bills of lading, court records, and inspection reports.  | 1867–68                              |
| <b>VIDALIA (SUBASSISTANT COMMISSIONER OF THE 6TH SUBDISTRICT)</b> |  |                                      |
|   | <i>Name Index to Letters Sent</i>  |                                      |
|   | The single-volume undated name index is an index to the two volumes of letters sent, May 1867–December 1868 (496), described below.  |                                      |
|   | Volume (496)   | Undated                              |
|   | <i>Letters Sent</i>  |                                      |
|   | The two volumes of letters sent, May 1867–December 1868, 1 (509) and 2 (510), are arranged chronologically. For a name index to this series, see the single-volume name index (496) described above.   |                                      |
|   | Volume 1 (509)   | May 1867–Jan. 1868                   |
|   | Volume 2 (510)   | Jan.–Dec. 1868                       |
|   | <i>Registers of Letters Received and Endorsements Sent</i>   |                                      |
|   | The five volumes of registers of letters received and endorsements sent, 1 (499), 2 (517), 3 (518), 4 (519) and 5 (520), cover the period May 1867–December 1868. Entries in volume 1 (499) are arranged chronologically; others are arranged within each volume by initial letter of surname of correspondent and thereunder chronologically. There are name indexes in all volumes except volume 3 (518). Volume 1 (499) is cross-referenced in other volumes as volume "E." |                                      |
|   | Volume 1 (499)   | May–Nov. 1867                        |
|   | Volume 2 (517)   | Sept. 1867–Jan. 1868                 |
|   | Volume 3 (518)   | Jan.–May 1868                        |
|   | Volume 4 (519)   | May–Aug. 1868                        |
|   | Volume 5 (520)   | Aug.–Dec. 1868                       |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES                |
|---------|---|----------------------|
| 106     | <i>Endorsements Received</i>  |                      |
| (cont.) | The single volume of endorsements received, May–November 1867 (516), is arranged chronologically and has a name index. This volume parallels volume 1(499) of the registers of letters received and endorsements sent described above and cross-references that volume as “E.” Volume (516) is cross-referenced in volume 1 (499) as “D.”   |                      |
|         | Volume (516)  | May–Nov. 1867        |
| 107     | <i>Letters and Orders Received</i>  |                      |
|         | The three volumes of letters and orders received, April 1867–December 1868, 1 (500), 2 (502), and 3 (504), are arranged chronologically. There is a name index in volume 2 (502). Letters in volumes 1 (500) and 2 (502) are entered and cross-referenced in the registers of letters received and endorsements sent, May 1867–December 1868 (described above), as L. R. B vol. 1 and L. R. B vol. 2, respectively. |                      |
|         | Volume 1 (500)  | Apr.–Aug. 1867       |
|         | Volume 2 (502)  | Sept. 1867–Jan. 1868 |
|         | Volume 3 (504)  | Jan. 1867–Dec. 1868  |
|         | <i>Letters and Orders Received</i>  |                      |
|         | Unbound letters and orders received, June 1867–December 1868, are arranged chronologically. Some of these are entered in the registers of letters received and endorsements sent (May 1867–December 1868) described above or copied in the series of letters and orders received, April 1867–December 1868.   |                      |
|         |   | June 1867–Dec. 1868  |
|         | <i>Circulars Issued</i>   |                      |
|         | The single volume of circulars issued, May 1867–December 1868 (526), is arranged chronologically.   |                      |
|         | Volume (526)  | May 1867–Dec. 1868   |
|         | <i>Reports of Assistant Subassistant Commissioner in the 6th Subdistrict Received and Forwarded</i>   |                      |
|         | The single volume of reports of assistant subassistant commissioners in the 6th subdistrict received and forwarded, November 1867–November 1868 (503), is arranged chronologically.   |                      |
|         | Volume (503)  | Nov. 1867–Nov. 1868  |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

ROLL DESCRIPTION

DATES

107 VIDALIA (AGENT AND ASSISTANT SUBASSISTANT COMMISSIONER)

(cont.) *Letters Sent*

The six volumes of letters sent, August 1865–December 1868, 1 (497), 2 (511), 3 (512), 4 (513), and 5 (514), and 6 (515), are arranged chronologically. There are name indexes in volumes 2 (511) through 6 (515). Volume 1 (497) also contains endorsements sent and received for the period March–April 1866; an unidentified **three-entry register**; and **letters received** (February–April 1866), which were copied in volume 1 (498) of the registers of letters received, March 1866–December 1868, described below. Volume 2 (511) also contains a **register of complaints** (September 1865–December 1866).

|                |                     |
|----------------|---------------------|
| Volume 1 (497) | Aug. 1865–Feb. 1867 |
| Volume 2 (511) | Mar.–Nov. 1867      |
| Volume 3 (512) | Nov.–Dec. 1867      |
| Volume 4 (513) | Jan.–Mar. 1868      |
| Volume 5 (514) | Mar.–July 1868      |
| Volume 6 (515) | July–Dec. 1868      |

108 *Registers of Letters Received*

The eight volumes of registers of letters received, 1 (498), 2 (501), 3 (505), 4 (521), 5 (522), 6 (523), 7 (524), and 8 (525), cover the period March 1866–December 1868. There is no discernible arrangement in volumes 1 (498), 2 (505), and 4 (521). Volumes 2 (501) and 8 (525) are arranged chronologically, and volumes 5 (522)–7 (524), by initial letter of surname of correspondent and thereunder chronologically. There are name indexes in volumes 1 (498), 2 (501), and 3 (505). For the period March to October 1866, the complete letter was recorded.

|                |                     |
|----------------|---------------------|
| Volume 1 (498) | Mar. 1866–May 1867  |
| Volume 2 (501) | July–Nov. 1867      |
| Volume 3 (505) | Feb. 1866–Dec. 1867 |
| Volume 4 (521) | Jan.–Nov. 1867      |
| Volume 5 (522) | Nov.–Dec. 1867      |
| Volume 6 (523) | Jan.–Aug. 1868      |
| Volume 7 (524) | July–Aug. 1868      |
| Volume 8 (525) | July–Dec. 1868      |

*Letters Received*

The three volumes of letters received, November 1867–December 1868, 1 (506), 2 (507), and 3 (508) are arranged chronologically and each volume has a name index. For registers of letters received and for complete letters dated March–October 1866, see the series of registers of letters received, March 1866–December 1868, described above.

|                |                |
|----------------|----------------|
| Volume 1 (506) | Nov.–Dec. 1867 |
| Volume 2 (507) | Jan.–June 1868 |
| Volume 3 (508) | June–Dec. 1868 |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL | DESCRIPTION  | DATES   |
|------|--|---|
| 108  | <i>Letters Received</i><br>(cont.) Unbound letters received, February 1866–December 1868, are arranged chronologically. Some of these are entered in the registers of letters received, March 1866–December 1868, described above.   | Feb. 1866–Dec. 1867                             |
| 109  | <i>Letters Received</i> (cont.)<br><br><i>Special Orders and Circulars Received</i><br>The single volume of special orders and circulars received, November 1865–October 1866 (527), is arranged chronologically. The volume also contains a “journal of business” (April–October 1867), arranged chronologically.<br><br>Volume (527)   | Jan.–Dec. 1868<br><br><br>Nov. 1865–Oct. 1866   |
|      | <i>Trimonthly Reports of Operations</i><br>Unbound trimonthly reports of operations, March 1866–December 1868, are arranged chronologically.   | Mar. 1866–Aug. 1867                             |
| 110  | <i>Trimonthly Reports</i> (cont.)<br><br><i>Monthly Inspection Reports</i><br>Unbound monthly inspection reports, February 1866–November 1868, are arranged chronologically.   | Sept. 1867–Dec. 1868<br><br>Feb. 1866–Nov. 1868 |
|      | <i>Monthly Reports of Persons and Articles Hired</i><br>Unbound monthly reports of persons and articles hired, February 1866–December 1868, are arranged chronologically.  | Feb. 1866–Dec. 1868                             |
|      | <i>Records Relating to Schools</i><br>Unbound records relating to schools, 1866–68, are arranged by type of record. Included are school reports of receipts and expenditures.  | 1866–68   |
|      | <i>Registers of Complaints</i><br>The two volumes of registers of complaints, March–June 1867 and May–June 1868, 1 (528) and 2 (542), are arranged chronologically. For a register of complaints dated September 1865–December 1866, see volume 2 (511) of the six-volume series of letters sent, described above. Volume 1 (528) also contains a “journal of business,” October 1867–July 1868, arranged chronologically. |   |
|      | Volume 1 (528)   | Mar.–June 1867                                  |
|      | Volume 2 (542)   | May–June 1868                                   |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
MICROFILM PUBLICATIONS

| ROLL    | DESCRIPTION   | DATES           |
|---------|---|-----------------|
| 110     | <i>Register of Indigents</i>  |                 |
| (cont.) | The single-volume register of indigents (530) is undated and arranged by initial letter of given name or surname.   |                 |
|         | Volume (530)  | Undated         |
|         | <i>Register of Blank Forms Furnished to Planters</i>  |                 |
|         | The single-volume register of blank forms furnished to planters, February–April 1866 (531), is arranged chronologically. The volume also contains a <b>list of indigents</b> , a <b>list of destitutes</b> , and a <b>list of indigents and destitutes</b> .  |                 |
|         | Volume (531)  | Feb.–Apr. 1866  |
|         | <i>Register of Leased Plantations</i>   |                 |
|         | The single-volume register of leased plantations, 1865 (532), is arranged by initial letter of surname of leasee. The volume also contains <b>lists of contracts approved</b> , <b>discharged soldiers applying for bounty</b> , <b>weekly rations issued to indigents and freedmen</b> , and a <b>list of planters and plantations</b> . |                 |
|         | Volume (532)  | 1865            |
|         | <i>Accounts with Planters for Supplies Furnished</i>  |                 |
|         | The single volume of accounts with planters for supplies furnished, March–September 1868 (529), is arranged by name of planter and thereunder chronologically. It has a name index.   |                 |
|         | Volume (529)  | Mar.–Sept. 1868 |
| 111     | <i>Accounts</i>   |                 |
|         | The single volume of accounts, March–November 1867 (533), is arranged by name of person and thereunder chronologically. The volume also contains a time and payroll register (January–June 1867), arranged chronologically.   |                 |
|         | Volume (533)  | Mar.–Nov. 1867  |
|         | <i>Miscellaneous Records</i>  |                 |
|         | Unbound miscellaneous records, 1865–68, are arranged by type of record. Included are bonds of planters, applications for rations of destitutes, records relating to complaints, bills of lading, receipt rolls of clothing issued, accounts current, plantation reports, and records relating to the settlement of freedmen's accounts.   |                 |
|         |   | 1865–68         |



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

ROLL   DESCRIPTION

DATES

111   **WATERLOO (SEE NEW ROADS)**  
(cont.)

**UNIDENTIFIED RECORDS**

*Unidentified Name Indexes*

The three volumes of unidentified name indexes 1 (541), 2 (543), and 3 (no number) are undated.

Volume 1 (541)  
Volume 2 (543)  
Volume 3 (No Number)

Undated  
Undated  
Undated



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
M I C R O F I L M   P U B L I C A T I O N S

Microfilm Publication M1905

RECORDS OF THE FIELD OFFICES FOR THE STATE OF  
LOUISIANA, BUREAU OF REFUGEES, FREEDMEN, AND  
ABANDONED LANDS, 1865-1872

**ROLL 20**

SURGEON IN CHIEF  
**Reports**

*Weekly and Monthly Reports of Sick and Wounded*  
Jan.-July 1868



La. Chief Medical Officer.

Weekly Reports  
of  
Sick and Wounded!

Dec. to May  
1867 1868

Stations:

New Orleans.

Algiers.

Morroe.

Shereport.

165



NARA

2

(No. 25.)

*Cert. No.* .....

CLAIMANT.

*Late* ..... *Co.* ..... *Regt.* .....

*U. S. C. T.*

*Amount due \$* .....

BY WHOM WITHDRAWN.

OFFICE MARK.

..... *A. G. O. | F. B. | 187* .



WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE

Week ending *January 4th*, 1868.

REMARKS-

1868

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Quarters at R & F Dispensary, for the week ending Saturday, January 4<sup>th</sup>, 1868.  
STATION: Algiers DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Riley     | Algiers  | 5                                | 7              | 2              | 3                | 17                             | 12             | 5              | 4                | 55                                     | 18                          | 13             | 7              | 2                |                              |                |                |                  | 2                     |                | 3              | 5                | 45     | 4                           | 4                                 | 2              | 2              |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 1000             | 90.7   |  |

*W. H. Riley*  
U. S. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *Sanitary 4th* 186*8*.

REMARKS.

*Recd. Office Surg in chf June 4 1867*

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*121867*



LIST OF MEDICAL OFFICERS.

| NAME             | RANK               | STATION     | PRESENT OR ABSENT | BY WHAT AUTHORITY PLACED ON DUTY |
|------------------|--------------------|-------------|-------------------|----------------------------------|
| David Mackay     | A. S. Surg. U.S.A. | New Orleans | Present           | Asst. Commissioner               |
| Samuel Angel     | "                  | "           | "                 | "                                |
| W. H. Gray       | "                  | "           | "                 | "                                |
| W. B. Palmer     | "                  | "           | "                 | "                                |
| David Hershey    | "                  | "           | "                 | "                                |
| Ch. W. Miller    | "                  | "           | "                 | "                                |
| James H. P. Rice | Surgeon            | New Orleans | Present           | Surgeon in Chief                 |

H. Mackay  
A. S. Surgeon U.S.A.

In charge of A. S. Goddard's Hospital.



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *Dependent Hospital*, for the week ending Saturday, *January 4*, 186*8*.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |   |          |         | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---|----------|---------|--|
|                      |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |   |          |         |  |
| David Mackay, U.S.A. | New Orleans, La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |          |         |  |
| Marine Hospital      |                  | 192                              | 90             | 2              | 11               | 36                             | 4              | 1              |                  | 326                                    | 11                          | 5              |                |                  |                              |                |                | 7                | 2                     | 2              |                | 27               | 200                         | 87                                | 1       | 11    | 299     | 105                          | 22             | 15                    |                  |                                      |   | 33.79 ✓  |         |  |
| Small Pox Branch     |                  |                                  | 1              | 1              |                  |                                |                |                |                  | 2                                      |                             | 1              |                |                  |                              |                |                |                  |                       |                |                | 1                |                             | 1                                 |         | 1     | 45      | 1                            |                |                       |                  |                                      |   | 227.27 ✓ |         |  |
| Cholera Branch       |                  | 13                               | 3              |                |                  | 5                              |                | 1              |                  | 22                                     | 4                           |                | 1              |                  |                              |                |                | 5                |                       |                |                | 10               | 9                           | 2                                 |         | 12    | 28      |                              | 2              |                       |                  |                                      |   | 12.99 ✓  |         |  |
| Dependent Home       |                  | 27                               | 9              |                |                  |                                |                |                |                  | 36                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                | 27               | 9                           |                                   |         | 36    | 22      |                              |                |                       |                  |                                      |   |          |         |  |
| Total                |                  | 232                              | 103            | 3              | 11               | 31                             | 4              | 1              | 1                | 386                                    | 15                          | 6              | 1              |                  |                              |                |                | 12               | 2                     | 2              |                | 38               | 236                         | 99                                | 2       | 11    | 348     | 190                          | 23             | 17                    | 339              | 116                                  | 2 | 11       | 41.45 ✓ |  |

*D. Mackay*  
 U.S.A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

District of

FOR THE

Week ending

186

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.          | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------|----------------|----------|-----------------------|--------------------------------------|
| D. Mac Kay    | A. M. L. R. O. |          | Pres.                 | Out commiss.                         |
| E. R. G. G.   | " "            | " "      | " "                   | " "                                  |
| H. N. Gray.   | " "            | " "      | " "                   | " "                                  |
| H. B. Roberts | " "            | " "      | " "                   | " "                                  |
| D. Hensley    | " "            | " "      | " "                   | " "                                  |
| W. M. Miller  | " "            | " "      | " "                   | " "                                  |
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Ad. Surgeon *Y S A*  
In charge of *Kesp.*



REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Freedmen's Hospital*, for the week ending Saturday, *January 4<sup>th</sup>*, 1865.  
 STATION: *N. O.*, DISTRICT OF *Mississippi*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                 | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--|
|                                 |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. |  |
| <i>D. Maitrey 4th Sun 25th.</i> | <i>N. O. La.</i> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |  |
| <i>Chas. W. K. Foster</i>       |                  | 142                              | 90             | 2              | 11               | 36                             | 4              | 1              |                  | 336                                    | 11                          | 5              |                |                  |                              |                |                |                  | 7                     | 2              | 2              |                  | 27                          | 20                                | 37             | 1              | 11               | 299                          | 105     | 22                    | 15      |                                      |                |                |                  | 28.75                                      |
| <i>S. P. Brown</i>              |                  |                                  | 1              | 1              |                  |                                |                |                |                  | 2                                      | 0                           | 0              |                |                  |                              |                |                |                  |                       |                |                |                  | 1                           |                                   | 1              |                |                  | 1                            | 45      |                       | 1       |                                      |                |                |                  |  |
| <i>C. Braach</i>                |                  | 18                               | 3              |                |                  | 5                              |                | 1              |                  | 23                                     | 4                           |                |                |                  |                              |                |                |                  | 5                     |                |                |                  | 10                          | 9                                 | 3              |                |                  | 13                           | 28      |                       | 2       |                                      |                |                |                  | 12.99                                      |
| <i>Depd. Wms</i>                |                  | 27                               | 9              |                |                  |                                |                |                |                  | 26                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 27                                | 9              |                |                  | 36                           | 12      |                       |         |                                      |                |                |                  |  |
| <i>Total.</i>                   |                  | 233                              | 103            | 3              | 11               | 31                             | 4              | 1              | 1                | 386                                    | 15                          |                |                |                  |                              |                |                |                  | 12                    | 2              | 2              |                  | 38                          | 23                                | 69             | 2              | 11               | 348                          | 140     | 23                    | 17      | 289                                  | 116            | 2              | 11               | 41.45                                      |

*Surgeon U. S. A.* in charge.



Weekly Report  
of

Sick and Wounded  
Seamen

Station: Shreveport.

Dist of Louisiana.

For The

Week ending January 4<sup>th</sup> 1868

Weekly Report  
Sick and Wounded  
Friedman  
Shreveport  
Dist Louisiana  
for the

Week Ending January 4<sup>th</sup> 1868

Recd Off Long a ship Aug 4/18

Recd Off Long a ship Aug 4/18



Weekly Report  
of  
Sick & Wounded  
Freemen

Station: Shreveport.

Dist of Louisiana.

For The

Week ending January 4<sup>th</sup> 1868

Weekly Report  
Sick & Wounded

Shreveport

Shreveport

Dist Louisiana

for the

Week ending January 4<sup>th</sup> 1868

Received Off Surg in chf Jany 14 1868

Recd Off Surg in chf Jany 14 1868



## List of Medical Officers

| Name           | Rank          | Station       | Present or Absent | By what authority placed on duty      |
|----------------|---------------|---------------|-------------------|---------------------------------------|
| C. C. Baarnore | 1st Surg. Lt. | Shreveport La | Present           | Special order no 127 No. La Dist. La. |
| David James    | Master        | Shreveport La | Present           | Surgeon in Charge                     |







List of Medical Officers

| Name              | Rank            | Station       | Present or Absent | By what authority placed on duty |
|-------------------|-----------------|---------------|-------------------|----------------------------------|
| C. C. Radmon      | 1st Surg. M. F. | Shreveport La | Present           | Special order no 127 A.O. La     |
| David James S. S. | Attendant       | Shreveport La | Present           | Surgeon in Charge La             |

Weekly Report of

C. C. Radmon  
1st Surg. M. F.  
In Charge Hosp



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~XXXXXX~~  
~~XXXX~~ FREEDMEN.

Station: *Monroe*  
District of *Louisiana*

FOR THE  
Week ending *Saturday Jan 4*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Report of Hospital Chaplains, Medical Cadets, and Hospital Stewards, must accompany the Report of the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



[illegible]

*Wm. W. W. W.*  
*aa* Surgeon *W. W. W.*  
 In charge of *Dispensary*







*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *January 4<sup>th</sup>*, 186*8*.

Forwarded by  
*A. C. Smartzelder*  
*Surgeon in Chief*  
*R. R. Ford*  
*Dist La*

*Forward to C. M. Jan 25 1868*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *New Orleans Hospitals Dispensaries &c*, for the week ending Saturday, *January 4*, 186*8*.  
STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.             | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |              | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                  |           | NUMBER OF BEDS FOR PATIENTS. |       | NUMBER OF ATTENDANTS. |              | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                  |        |      | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------------------|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------------|-----------------------------|-----------------------------------|----------------|------------------|-----------|------------------------------|-------|-----------------------|--------------|--------------------------------------|----------------|------------------|--------|------|--|
|                             |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Adult males. |                             | Adult females.                    | Male children. | Female children. | Occupied. | Vacant.                      | Male. | Female.               | Adult males. | Adult females.                       | Male children. | Female children. | Total. |      |  |
| David Mackay M.D. Surgeon   | New Orleans La         |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |              |                             |                                   |                |                  |           |                              |       |                       |              |                                      |                |                  |        |      |  |
|                             | Warren Hospital        | 192                              | 90             | 2              | 11               | 26                             | 4              | 1              | 90               | 326                                    | 11                          | 5              | "              | "                | "                            | "              | "              | "                | 7                     | 2              | 2              | "                | 11           | 27                          | 20                                | 87             | 1                | 11        | 299                          | 105   | 22                    | 15           | "                                    | "              | "                | "      | "    | 33.77                                      |
|                             | Small Pox Ward         | "                                | 1              | 1              | "                | "                              | "              | "              | "                | 2                                      | "                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 1            | "                           | "                                 | 1              | "                | 45        | 1                            | "     | "                     | "            | "                                    | "              | "                | "      |      |  |
|                             | Cholera Ward           | 13                               | 3              | "              | "                | 5                              | "              | "              | 1                | 22                                     | 4                           | "              | "              | 1                | "                            | "              | "              | "                | 5                     | "              | "              | 5                | 10           | 9                           | 3                                 | "              | 12               | 28        | "                            | 2     | "                     | "            | "                                    | "              | "                | 227.27 |      |  |
|                             | Dependent Homes        | 27                               | 9              | "              | "                | "                              | "              | "              | "                | 36                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "            | 27                          | 9                                 | "              | 36               | 12        | "                            | "     | "                     | "            | "                                    | "              | "                |        |      |  |
|                             | Total                  | 232                              | 103            | 3              | 11               | 31                             | 4              | 1              | 1                | 384                                    | 15                          | 6              | "              | 1                | "                            | "              | "              | "                | 12                    | 2              | 2              | "                | 16           | 38                          | 23                                | 99             | 2                | 11        | 348                          | 190   | 23                    | 17           | 259                                  | 114            | 2                | 11     | 388  | 41.45                                      |
| E. C. Rodman M.D. Surgeon   | Trud. Hosp. of Memphis | 19                               | 24             | 18             | 8                | 1                              | 1              | "              | 1                | 73                                     | 2                           | 3              | "              | 1                | "                            | "              | "              | "                | "                     | "              | "              | "                | 6            | 18                          | 22                                | 18             | 8                | 66        |                              | 5     | 4                     | 23           | 26                                   | 18             | 8                | 75     |      |  |
| W. H. Riley A. M. Surgeon   | Dispensary Algiers     | 5                                | 7              | 2              | 3                | 17                             | 12             | 5              | 4                | 55                                     | 18                          | 13             | 7              | 2                | "                            | "              | "              | "                | 11                    | 2              | "              | 3                | 5            | 45                          | 4                                 | 4              | "                | 2         | "                            | "     | "                     | "            | 300                                  | 370            | 200              | 100    | 90.9 |  |
| S. E. W. Kirby M.D. Surgeon | Dispensary Monroe      | 33                               | 24             | "              | "                | 40                             | 28             | 1              | 17               | 148                                    | 53                          | 42             | 1              | 17               | "                            | "              | "              | "                | "                     | "              | "              | "                | 118          | 20                          | 10                                | "              | "                | "         | "                            | "     | "                     | 410          | 470                                  | 350            | 150              |        |      |  |
|                             | Grand Total            | 289                              | 158            | 23             | 22               | 89                             | 40             | 12             | 23               | 144                                    | 35                          | 64             | 13             | 21               | "                            | "              | "              | "                | 12                    | 4              | 2              | 3                | 21           | 207                         | 278                               | 135            | 20               | 21        | 414                          | 190   | 28                    | 21           | 950                                  | 840            | 570              | 569    | 2963 | 31.77                                      |

*A. C. Smartmeyer*  
Surgeon U. S. Army  
*R. B. Smith A. M.*  
Dist. Secy



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *Saturday Jan 15<sup>th</sup> 1868.*

REMARKS

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Dispensary, for the week ending Saturday, January 10<sup>th</sup>, 1868.  
STATION: Algiers. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Riley     | Algiers  | 4                                | 4              | 2              | 2                | 15                             | 12             | 2              | 7                | 46                                     | 13                          | 8              | 4              | 6                | -                            | -              | -              | -                | 1                     | 1              | -              | -                | 2      | 29                          | 5                                 | 7              | 2              | 3                | -                            | -       | -                     | -       | 300                                  | 300            | 200            | 200              | 1000   | 43.48                                      |

H. H. Riley  
a Surgeon U. S. a in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND FREEDMEN.~~

Station: *N. C.*  
District of *So*

FOR THE  
Week ending *January 11*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.        | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|--------------|----------|-----------------------|--------------------------------------|
| D. MacKay        | A. A. Lieut. | P. O. L. | Pres.                 | Asst. L. Comp.                       |
| S. Angell        | "            | "        | "                     | "                                    |
| W. H. Gray       | "            | "        | "                     | "                                    |
| H. B. Rehmer     | "            | "        | "                     | "                                    |
| D. Hershey       | "            | "        | "                     | "                                    |
| W. M. Miller     | "            | "        | "                     | "                                    |
| James H. D. Rice | Surgeon      | P. O. L. | Pres.                 | Surf. in Chief                       |

U. S. Surgeon *W. G. H.*  
In charge of *U. S. & Hosp.*







WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *January 11*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------------|-------------|-----------------------|--------------------------------------|
| David MacRae     | A. A. Surg. Lt. Col. | Sub Colonel | Present               | Asst. Commissioner                   |
| Samuel Angel     | " "                  | " "         | "                     | "                                    |
| W. H. Gray       | " "                  | " "         | "                     | "                                    |
| W. B. Bolmer     | " "                  | " "         | "                     | "                                    |
| David Hershey    | " "                  | " "         | "                     | "                                    |
| W. M. Miller     | " "                  | " "         | "                     | "                                    |
| James H. J. Wied | Surgeon              | Sub Colonel | Present               | Surg. in Chief                       |

*O. D. MacRae*  
 A. A. Surgeon  
 In charge of U. S. Forensic Hospital



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *D. S. E. Crutcher's Hospital* for the week ending Saturday, *January 11<sup>th</sup>*, 1868.  
STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                       | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |        |                    |       | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|--------|--------------------|-------|--|
|                                       |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |        |                    |       |  |
| David Mark Cary, A. S. Surg. U. S. A. | New Orleans La.  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |        |                    |       |  |
|                                       | Marine Hospital  | 200                              | 87             | 1              | 11               | 19                             | 7              | "              | 1                | 326                                    | 26                          | 9              | "              | 1                | "                            | "              | "              | "                | 41                    | 1              | "              | "                | 41                          | 189                               | 84      | 1     | 11      | 285                          | 120            | 22                    | 15               |                                      |        | 15.33 <sup>4</sup> |       |  |
|                                       | Small Pox Branch | "                                | "              | 1              | "                | 1                              | "              | "              | "                | 2                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | "       | 1     | "       | 2                            | 44             | 1                     | "                |                                      |        |                    |       |  |
|                                       | Cholera Branch   | 9                                | 3              | "              | "                | 5                              | "              | "              | "                | 17                                     | 2                           | "              | "              | "                | "                            | "              | "              | "                | 3                     | "              | "              | "                | 5                           | 9                                 | 3       | "     | 12      | 28                           | "              | 2                     |                  |                                      | 176.47 |                    |       |  |
|                                       | Dependents Home  | 27                               | 9              | "              | "                | "                              | "              | "              | "                | 36                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 27                          | 9                                 | "       | "     | 36      | 12                           | "              | "                     |                  |                                      |        |                    |       |  |
|                                       | Total            | 236                              | 99             | 2              | 11               | 25                             | 7              | "              | 1                | 381                                    | 28                          | 9              | "              | 1                | "                            | "              | "              | "                | 7                     | 1              | "              | "                | 46                          | 206                               | 21      | 11    | 335     | 204                          | 23             | 17                    | 330              | 113                                  | 1      | 11                 | 21.11 |  |

*D. Mark Cary*  
A. S. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport La*  
District of *Louisiana*

FOR THE  
Week ending *11<sup>th</sup> January*, 1868

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| LIST OF MEDICAL OFFICERS. |            |          |                       |  |
|---------------------------|------------|----------|-----------------------|--|
| NAME.                     | RANK.      | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.                       |
| C. L. Radmore             | 1st Lieut. | Shanghai | Present               | Det. Gen. -<br>Special Order No 125 NO.<br>Series of 1867. |
| David James               | 1st Lieut. | Shanghai | "                     | Surg. in Charge Hosp.                                      |

L L Radmore

AL Surgeon p. S. C.

In charge of Hospital



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U. S. Freedmen's Hospital*, for the week ending Saturday, *11<sup>th</sup> January*, 1868.  
STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                           | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |   |    |    |
|---|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|---|----|----|
|   |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |   |    |    |
| Adm Surg C C Radmon Mfa. Freedmen's Hosp. | Shreveport La | 18                               | 22             | 18             | 8                | 4                              | 5              | 2              | 11               | 77                                     | 3                           | 2              |                |                  |                              |                | 1              |                  |                       |                |                |                  |        |                             |                                   |                | 7              | 18               | 24                           | 20      | 8                     | 70      | 30                                   | 5              | 4              | 23               | 28     | 20   | 8 | 79 | 13 |
| 11 <sup>th</sup> Jan'y 1868.              |               |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |   |    |    |

*C. C. Radmon*  
*Surgeon U. S. Army*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *McGuire*

District of *Louisiana*

FOR THE  
Week ending *Saturday Jan 11*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded ~~Refugees~~ <sup>treated</sup> Freedmen, in <sup>quarters</sup> ~~Refugees~~, for the week ending Saturday, <sup>January 11th</sup> ~~January 11th~~ 1868.  
 STATION: Monroe DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |            | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|------------|--|
|                     |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.     |  |
| <u>S. M. Finley</u> | <u>Monroe</u> | <u>20</u>                        | <u>10</u>      | <u>0</u>       | <u>0</u>         | <u>33</u>                      | <u>24</u>      | <u>6</u>       | <u>12</u>        | <u>105</u>                             | <u>37</u>                   | <u>22</u>      | <u>6</u>       | <u>8</u>         |                              |                |                |                  |                       |                |                |                  | <u>73</u>                   | <u>16</u>                         | <u>12</u>      | <u>0</u>       | <u>4</u>         |                              |         |                       |         | <u>107</u>                           | <u>107</u>     | <u>35</u>      | <u>35</u>        | <u>350</u> | <u>OR</u>                                  |

S. M. Finley  
 a a Surgeon U. S. a in charge. of  
Dispensary



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *January 11*, 186*8*.

Forwarded by  
*H. C. Spratzmiller*  
*Surgeon in Chief*  
*P. R. F. M.*  
*Dist. La*

Forwarded to C. M. *Jan 28 1868*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.   | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|---------|----------|-----------------------|--------------------------------------|
| David Mackay   | Major   | Albany   | Present               | Surgeon in Chief Dist. La.           |
| Saml Angel     | " "     | "        | "                     | " "                                  |
| W H Gray       | " "     | "        | "                     | " "                                  |
| W R Rohmer     | " "     | "        | "                     | " "                                  |
| David Hershey  | " "     | "        | "                     | Act Surgeon in Chief                 |
| W M Miller     | " "     | "        | "                     | " " "                                |
| O B Radnor     | Major   | Shroport | "                     | Upt Com Oct 11 1847                  |
| W H Riley      | " "     | Algiers  | "                     | Surgeon in Chief Dist. La.           |
| S E McKinley   | " "     | Monroe   | "                     | Upt Com Oct 21 1847                  |
| James H P Rice | Steward | Albany   | Present               | Surgeon in Chief Dist. La.           |
| David James    | "       | Shroport | "                     | Surgeon in Charge                    |

A. C. Brantley

Surgeon

In charge of

Chief  
J. R. F. A. Hand  
Dist. La.



*Consolidated*

REPORT of Sick and Wounded ~~Refugees~~ Freedmen in *Hospitals, Dispensaries &c*, for the week ending Saturday, *January 17*, 1868.

STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|-----------------|-----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|                 |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| David Mackay    | New Orleans     |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|                 | Warren Hospital | 200                              | 87             | 1              | 11               | 19                             | 7              | "              | 1                | 326                                    | 26                          | 9              | "              | 1                | "                            | "              | "              | "                | 4                     | 1              | "              | "                | 5                           | 41                                | 119          | 84             | 1              | "                            | 285       | 120                   | 22    | 15                                   |              |                |                |                  |  | 15.34  |
|                 | Small Pox Ward  | "                                | "              | 1              | "                | 1                              | "              | "              | "                | 2                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 2                                 | "            | 1              | "              | 2                            | 44        | 1                     | "     |                                      |              |                |                |                  |  |        |
|                 | Col. Ira Ward   | 9                                | 3              | "              | "                | 5                              | "              | "              | "                | 17                                     | 2                           | "              | "              | "                | "                            | "              | "              | "                | 3                     | "              | "              | "                | 3                           | 5                                 | 7            | 3              | "              | 12                           | 28        | "                     | 2     |                                      |              |                |                |                  | 17.47                                      |        |
|                 | Dependents Ward | 27                               | 9              | "              | "                | "                              | "              | "              | "                | 36                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 27                                | 9            | "              | "              | 36                           | 12        | "                     | "     |                                      |              |                |                |                  |  |        |
|                 | Total           | 236                              | 99             | 2              | 11               | 25                             | 7              | "              | 1                | 388                                    | 28                          | 9              | "              | 1                | "                            | "              | "              | "                | 7                     | 1              | "              | "                | 8                           | 41                                | 126          | 91             | 2              | 11                           | 335       | 204                   | 23    | 17                                   | 250          | 113            | 1              | 11               | 379  | 21.00  |
| C. E. Radmore   | New Orleans     | 18                               | 22             | 18             | 8                | 4                              | 5              | 2              | "                | 77                                     | 3                           | 3              | "              | "                | "                            | "              | "              | 1                | "                     | "              | "              | 1                | 7                           | 18                                | 24           | 20             | 8              | 70                           | 30        | 5                     | 4     | 23                                   | 28           | 20             | 8              | 79               | 13.00                                      |        |
| W. C. Riley     | Dispensary      | 4                                | 4              | "              | 2                | 15                             | 12             | 2              | 7                | 41                                     | 13                          | 8              | "              | 1                | "                            | "              | "              | 1                | 1                     | "              | "              | 2                | 29                          | 5                                 | 7            | 2              | 3              | "                            | "         | "                     | "     | 30                                   | 30           | 20             | 100            | 43.48            |  |        |
| S. E. M. Kirby  | Dispensary      | 20                               | 10             | "              | "                | 33                             | 24             | 6              | 12               | 105                                    | 37                          | 22             | 6              | 8                | "                            | "              | "              | "                | "                     | "              | "              | "                | 73                          | 11                                | 12           | 4              | 4              | "                            | "         | "                     | "     | 400                                  | 400          | 300            | 1500           |                  |  |        |
|                 | Grand Total     | 298                              | 156            | 20             | 21               | 77                             | 45             | 10             | 20               | 600                                    | 44                          | 21             | 16             | "                | "                            | "              | "              | 9                | 2                     | "              | "              | 11               | 155                         | 265                               | 139          | 24             | 26             | 405                          | 234       | 28                    | 21    | 473                                  | 841          | 571            | 569            | 2054             | 2.06                                       |        |

*A. C. Smythmiller*  
Surgeon *in charge*  
*W. C. Riley*  
*Dist. Ld.*



## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*Algiers La*

District of

*Louisiana*

FOR THE

Week ending

*Saturday Jan 8<sup>th</sup> 1868.*

REMARKS.

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Dispensary, for the week ending Saturday, January 18<sup>th</sup>, 1868.

STATION: Albany, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

[illegible]

W. B. Riley  
a a Surgeon U. S. a in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *January 8<sup>th</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

[illegible]

A. A. Surgeon *Abh.*  
In charge of *A. S. Hoopes*



REPORT of Sick and Wounded Refugees and Freedmen in *U. S. Hospital*, for the week ending Saturday, *January 18*, 1868.  
 STATION: *A. O.*, DISTRICT OF *So.*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |         |  |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---------|--|--|--|
|                 |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |         |  |  |  |
| D. Mac Ray      | H. O. Lee.      |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |         |  |  |  |
| pr. 21          | Marian Hospital | 189                              | 84             | 15             | 11               | 21                             | 13             | 2              | 2                | 323   | 11                          | 8              | 1              | 1                | 2                            | 2              | 1              | 1                | 19                    | 19             | 12             | 2                | 12                          | 3                                 | 04      | 101   | 22      | 15                           |                |                       |                  |                                      | 15.49.  |  |  |  |
|                 | S. P. Hospital  | 2                                |                |                |                  |                                |                |                |                  | 2   |                             |                |                |                  |                              |                |                |                  | 4                     | 2              |                |                  | 2                           | 44                                | 1       |       |         |                              |                |                       |                  |                                      |         |  |  |  |
| pr. 21          | Ch. Hospital    | 9                                | 3              |                |                  | 3                              | 4              |                |                  | 19  | 3                           |                |                |                  | 1                            | 2              |                |                  | 6                     | 8              | 5              |                  | 13                          | 27                                |         | 2     |         |                              |                |                       |                  |                                      | 157.96. |  |  |  |
|                 | Dep. Home       | 27                               | 9              |                |                  |                                |                |                |                  | 36  |                             |                |                |                  |                              |                |                |                  |                       | 27             | 9              | 1                |                             | 36                                | 12      |       |         |                              |                |                       |                  |                                      |         |  |  |  |
| pr. 21          | Total           | 227                              | 96             | 1              | 11               | 24                             | 17             | 2              | 2                | 380   | 13                          | 8              | 1              | 1                | 3                            | 4              | 1              |                  | 25                    | 23             | 106            | 2                | 12                          | 35                                | 518     | 4     | 23      | 17                           | 258            | 133                   | 2                | 12                                   | 21.15.  |  |  |  |

*A. A.* Surgeon U. S. *A.* in charge.



## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*January 1868.*

REMARKS.

## DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.               | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------|---------------------|-------------|-----------------------|--------------------------------------|
| David Mackay      | A. A. Surg. U.S.A.  | New Orleans | Present               | Assistant Commissioner               |
| Samuel Angus      | " "                 | " "         | "                     | "                                    |
| Ch. H. Gray       | " "                 | " "         | "                     | "                                    |
| Ch. B. Palmer     | " "                 | " "         | "                     | "                                    |
| David Stensliep   | " "                 | " "         | "                     | "                                    |
| Ch. M. Miller     | " "                 | " "         | "                     | "                                    |
| James A. P. Price | Steward New Orleans |             | Present               | Surg. in chief                       |

*W. Mackay*  
A. A. Surgeon U.S.A.

In charge of U. S. Prisoners Hospital



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U. S. Freedmen's Genl. Hospital*, for the week ending Saturday, *January 18<sup>th</sup>*, 186*8*.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                    | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |         |         |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---------|---------|--|--|
|                                    |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |         |         |  |  |
| David M. Ray, A. A. Surg. U. S. A. | New Orleans, La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |         |         |  |  |
| Marine Hospital                    |                  | 189                              | 84             | 1              | 11               | 21                             | 13             | 2              | 2                | 323                                    | 10                          | 3              | 1              |                  |                              |                |                | 2                | 2                     | 1              |                | 19               | 198                         | 92                                | 2       | 12    | 304     | 101                          | 22             | 15                    |                  |                                      | 15.48 ✓ |         |  |  |
| Small Pox Branch                   |                  | 1                                | "              | 1              | "                | "                              | "              | "              | "                | 2                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 1                           | "                                 | 1       | "     | 2       | 44                           | 1              | "                     |                  |                                      |         |         |  |  |
| Cholera Branch                     |                  | 4                                | 3              | "              | "                | 3                              | 4              | "              | "                | 19                                     | 8                           | "              | "              | "                | "                            | "              | 1              | 2                | "                     | "              | 6              | 8                | 5                           | "                                 | "       | 13    | 27      | "                            | 2              |                       |                  | 15.84 ✓                              |         |         |  |  |
| Dependent Home                     |                  | 27                               | 9              | "              | "                | "                              | "              | "              | "                | 36                                     | 6                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 27               | 9                           | "                                 | "       | 36    | 12      | "                            | "              |                       |                  |                                      |         |         |  |  |
| Total                              |                  | 326                              | 96             | 2              | 11               | 24                             | 17             | 2              | 2                | 380                                    | 13                          | 3              | 1              |                  |                              |                | 3              | 4                | 1                     |                | 25             | 294              | 106                         | 3                                 | 12      | 355   | 184     | 23                           | 17             | 358                   | 133              | 2                                    | 12      | 21.05 ✓ |  |  |

*A. M. Stanton*  
A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REUNIONED~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

*4<sup>th</sup>* District of *Louisiana*

FOR THE

Week ending *18<sup>th</sup> January*, 186*2*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.     | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------|-----------|----------|-----------------------|--------------------------------------|
| Le Le Rammore | 1st Lieut | Shanghai | Present               | 10. 10 127. Dist La No. La           |
| Davis James   | Steward   | Shanghai | Present               | 1st Lieut 1st 1867                   |

L. L. Radmore

AA Surgeon *W. L.*

In charge of Hospital



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in U. S. Quartermaster's Dept., for the week ending Saturday, 18<sup>th</sup> January, 1868.  
 STATION: Shreveport DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|-----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|----------|--------------------------------------|----------------|----------------|------------------|-----------|--|
|                      |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <u>W. L. Radmore</u> | <u>Shreveport La.</u> | <u>18</u>                        | <u>24</u>      | <u>20</u>      | <u>8</u>         | <u>6</u>                       | <u>8</u>       | <u>2</u>       |                  | <u>57</u>                              | <u>4</u>                    | <u>2</u>       | <u>1</u>       |                  |                              |                |                |                  |                       |                |                |                  | <u>11</u>                   | <u>17</u>                         | <u>29</u>      | <u>22</u>      | <u>8</u>         | <u>76</u>                    | <u>24</u> | <u>5</u>              | <u>4</u> | <u>22</u>                            | <u>33</u>      | <u>22</u>      | <u>8</u>         | <u>85</u> |  |

W. L. Radmore  
Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~XXXXXXXXXX~~  
~~XXXX~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE  
Week ending *Saturday Jan 18*, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ <sup>colored</sup> Freedmen in quarters, for the week ending Saturday, January 18, 1867.  
 STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |            | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|------------|--|
|                     |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.     |  |
| <u>S. M. Vinley</u> | <u>Monroe La</u> | <u>16</u>                        | <u>13</u>      | <u>0</u>       | <u>4</u>         | <u>26</u>                      | <u>15</u>      | <u>3</u>       | <u>5</u>         | <u>81</u>                              | <u>31</u>                   | <u>18</u>      | <u>3</u>       | <u>8</u>         |                              |                |                |                  |                       |                |                |                  | <u>59</u>                   | <u>11</u>                         | <u>9</u>       | <u>1</u>       | <u>1</u>         |                              |         |                       |         | <del><u>317</u></del>                | <u>317</u>     | <u>300</u>     | <u>200</u>       | <u>200</u> |  |

S. M. Vinley  
aa Surgeon U. S. a in charge.  
of Dispensary



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~RECEIVED~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*January 18*, 1868.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Forwarded by*

*A. C. Swartzmiller*  
*Surgeon in Chief*  
*J. R. F. & A. L.*  
*Dist La*

*Forward to C. M. B.*

*July 8, 1868*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|-------------|-----------------------|--------------------------------------|
| David Mackay     | Major   | New Orleans | Present               | Surgeon in Chief Dist. La            |
| Saml Angel       | " "     | " "         | "                     | " " "                                |
| W. H. Gray       | " "     | " "         | "                     | " "                                  |
| W. J. Rimmer     | " "     | " "         | "                     | " "                                  |
| David Hershey    | " "     | " "         | "                     | Act Surg in Chief                    |
| H. M. Miller     | " "     | " "         | "                     | " "                                  |
| C. C. Radmore    | " "     | Shreveport  | "                     | Act Comm Oct 16 1879                 |
| H. H. Riley      | " "     | Algiers     | "                     | Surgeon in Chief Dist. La            |
| S. E. McKinley   | " "     | Monroe      | "                     | Act Comm Oct 26 1879                 |
| James H. P. Wise | Steward | New Orleans | Present               | Surgeon in Chief Dist. La            |
| David James      | "       | Shreveport  | "                     | Surgeon in Charge                    |

A. C. Stratzmiller

Surgeon in Chief

In charge of

C. F. W. A. S.  
Dist. La



*Consolidated*  
**REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *the Freedmen's Hospitals Dispensaries*** for the week ending Saturday, *January 8*, 1868.  
 STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.           | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------------|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|
|                           |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  |
| David Mackay M.D. Surgeon | New Orleans La.        | 159                              | 84             | 1              | 11               | 21                             | 13             | 2              | 2                | 323                                    | 10                          | 3              | "              | 1                | "                            | "              | "              | 2                | 2                     | 1              | "              | 5                | 19                          | 17                                | 92           | 2              | 12             | 304                          | 101       | 22                    | 15    | "                                    | "            | "              | "              | "                | 15.48                                      |
|                           | Marine Hospital        | 1                                | "              | 1              | "                | "                              | "              | "              | "                | 2                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 1                           | "                                 | 1            | "              | 25             | 44                           | 1         | "                     | "     | "                                    | "            | "              | "              |                  |  |
|                           | Small Pox Ward         | 9                                | 3              | "              | "                | 3                              | 4              | "              | "                | 19                                     | 3                           | "              | "              | "                | "                            | "              | "              | 1                | 2                     | "              | "              | 3                | 6                           | 8                                 | 5            | "              | 13             | 27                           | "         | 21                    | "     | "                                    | "            | "              | "              | 157.84           |  |
|                           | Cholera Ward           | 27                               | 9              | "              | "                | "                              | "              | "              | "                | 36                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 27                          | 9                                 | "            | "              | 36             | 12                           | "         | "                     | "     | "                                    | "            | "              | "              |                  |  |
|                           | Dependent Home         | 226                              | 96             | 21             | 11               | 24                             | 17             | 2              | 2                | 380                                    | 13                          | 3              | "              | 1                | "                            | "              | "              | 3                | 4                     | 1              | "              | 8                | 25                          | 24                                | 106          | 3              | 12             | 355                          | 184       | 23                    | 17    | 234                                  | 123          | 2              | 12             | 395              | 21.05                                      |
|                           | Total                  | 15                               | 24             | 20             | 8                | 6                              | 8              | 3              | "                | 87                                     | 7                           | 3              | 1              | "                | "                            | "              | "              | "                | "                     | "              | "              | 11               | 17                          | 29                                | 22           | 8              | 76             | 24                           | 5         | 4                     | 22    | 33                                   | 22           | 8              | 85             |                  |  |
| W.C. Redman M.D. Surg.    | Freed Hosp. Memphis    | 5                                | 7              | 2              | 3                | 15                             | 15             | 12             | 2                | 64                                     | 12                          | 28             | 10             | 2                | "                            | "              | "              | 1                | "                     | "              | 1              | 2                | 49                          | 7                                 | 2            | 4              | 2              | "                            | "         | "                     | "     | 300                                  | 300          | 200            | 200            | 1000             | 31.25                                      |
| H. Riley M.D. Surg.       | Dispensary Algiers     | 14                               | 12             | "              | 4                | 26                             | 15             | 3              | 5                | 81                                     | 31                          | 18             | 2              | 8                | "                            | "              | "              | "                | "                     | "              | "              | 59               | 11                          | 9                                 | 1            | 1              | "              | "                            | "         | "                     | 300   | 300                                  | 200          | 200            | 1000           |                  |  |
| S.E. M. Kenley M.D. Surg. | Dispensary Monroeville |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                           |                        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | </                          |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |

*A.C. Strymelder*  
 Surgeon *in Charge*  
*P.R. A. L.*  
 Dist. La



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WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *January 25<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

[illegible]

W B Riley

AA Surgeon

MsA

*In charge of*

Discrepancy



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *Quarters and Dispensary* for the week ending Saturday, *January 25*, 186*8*.  
STATION: *Algiers* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                  |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.                      | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <i>W H Riley</i> | <i>U.S. A.S.A.</i> | <i>1</i>                         | <i>2</i>       | <i>4</i>       | <i>2</i>         | <i>14</i>                      | <i>7</i>       | <i>6</i>       | <i>5</i>         | <i>47</i>                              | <i>11</i>                   | <i>7</i>       | <i>8</i>       | <i>2</i>         |                              |                |                |                  |                       |                |                |                  | <i>34</i>                   | <i>4</i>                          | <i>2</i>       | <i>2</i>       | <i>5</i>         |                              |         |                       |         | <i>300</i>                           | <i>300</i>     | <i>200</i>     | <i>200</i>       | <i>1000</i> | <i>0</i>                                   |

*W H Riley*  
*aa* Surgeon U. S. *a* in charge.



## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.Station: *Shreveport*  
District of *Louisiana*

FOR THE

Week ending *25<sup>th</sup> January*, 1868.

REMARKS-

*Ad Os in ch 2, 10, 18*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







| NAME OF WRITER.                                 | STATION.             | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |           |           |          | NUMBER OF BEDS FOR PATIENTS. |              | NUMBER OF ATTENDANTS. |                | TOTAL NUMBER UNDER CHARGE OF BUREAU. |           |           |          |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |
|---|----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|-----------|-----------|----------|------------------------------|--------------|-----------------------|----------------|--------------------------------------|-----------|-----------|----------|-----------|--|--|
|   |                      | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Occupied. | Vacant.   | Male.    | Female.                      | Adult males. | Adult females.        | Male children. | Female children.                     | Total.    |           |          |           |  |  |
| <i>M Surgeon C G Radinore Wp Steamans Coast</i> | <i>Shreveport La</i> | <i>17</i>                        | <i>29</i>      | <i>22</i>      | <i>8</i>         | <i>9</i>                       | <i>5</i>       | <i>2</i>       | <i>1</i>         | <i>93</i>                              | <i>10</i>                   | <i>2</i>       | <i>1</i>       | <i>1</i>         |                              |                |                |                  | <i>1</i>              |                |                |                  | <i>15</i>                   | <i>16</i>                         | <i>31</i> | <i>23</i> | <i>8</i> | <i>78</i>                    | <i>22</i>    | <i>5</i>              | <i>4</i>       | <i>21</i>                            | <i>35</i> | <i>22</i> | <i>8</i> | <i>87</i> | <i>10.75</i>                               |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |
|   |                      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |           |           |          |                              |              |                       |                |                                      |           |           |          |           |  |  |

C. C. Radmore  
M Surgeon U. S. A in charge.  
Hosp't.



The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

#### DIRECTIONS.

### WEEKLY REPORT OF SICK AND WOUNDED REFUGEES AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *January 2<sup>nd</sup>*, 1868.

#### REMARKS.

*Asst. Surgeon Francis Barnes U. S. A. Assigned to duty at U. S. Freedmen's Hospital January 28<sup>th</sup> 1868. by Special Order No. 18. David Headquarters Bureau T. F. and A. L. District La. New Orleans La. February 6<sup>th</sup> 1868. He takes the place in the vacated of Asst. Surgeon M. H. Gray U. S. A. promoted to Surgeon in Charge*



The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*January 25<sup>th</sup>, 1868.*

REMARKS.

A. A. Surgeon Francis Barnes U. S. A. Assigned to duty at U. S. Freedmen's Hospital January 25<sup>th</sup> 1868. by Special Order N<sup>o</sup> 18. dated Headquarters Bureau B. F. and A. L. District La. New Orleans La. February 6<sup>th</sup> 1868. He takes the place in the wards of A. A. Surgeon W. H. Gray U. S. A. promoted to Surgeon in charge



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------------|-------------|-----------------------|--------------------------------------|
| David Mackay     | A. A. Surgeon U.S.A. | New Orleans | Present               | Assistant Commissioner               |
| Samuel Angel     | " " "                | " "         | "                     | Surgeon in Chief                     |
| H. V. Gray       | " " "                | " "         | "                     | Asst Commr                           |
| H. B. Palmer     | " " "                | " "         | "                     | Surgeon in Chief                     |
| David H. H. H.   | " " "                | " "         | "                     | Assistant Commr                      |
| Wm. M. Miller    | " " "                | " "         | "                     | Actg Surg in Chief                   |
| Francis Barnes   | " " "                | " "         | "                     | Assistant Commr                      |
| James H. P. Rice | Steward              | New Orleans | Present               | Actg Surg in Chief                   |

Signed

*D. Mackay*

A. A. Surgeon U.S.A.

In charge of U.S. Freedmen's Hospital

I certify that the above is a correct  
Copy of Report of Sick and Wounded  
for week ending Jan'y 25<sup>th</sup> 1868.

*W. H. Gray*

A. A. Surgeon U.S.A. in charge



REPORT of Sick and Wounded Refugees and Freedmen in U. S. Freedmen's Hospital, for the week ending Saturday, January 25<sup>th</sup>, 1868.  
STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                   | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |     |   |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|-----|---|--------|--|
|                                   |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |     |   |        |  |
| David Mackay A. S. Surg. U. S. A. | New Orleans La   |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |     |   |        |  |
|                                   | Marine Hospital  | 198                              | 92             | 2              | 12               | 24                             | 3              | 1              | "                | 332   | 17                          | 3              | "              | "                | 1                            | "              | "              | "                | 4                     | 4              | "              | "                | 29                          | 200                               | 88      | 3     | 12      | 303                          | 102            | 22                    | 15               | "                                    | "   | " | "      | 24.09                                      |
|                                   | Small Pox Branch | 1                                | "              | 1              | "                | "                              | 1              | "              | "                | 3   | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | 1       | 1     | "       | 3                            | 43             | 1                     | "                | "                                    | "   | " | "      |  |
|                                   | Cholera Branch   | 8                                | 5              | "              | "                | 2                              | "              | "              | "                | 15  | 1                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | 1              | "              | "                | 3                           | 8                                 | 4       | "     | 12      | 28                           | "              | 2                     | "                | "                                    | "   | " | 133.33 |  |
|                                   | Dependents Home  | 27                               | 9              | "              | "                | 3                              | 1              | "              | "                | 40  | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 30                                | 10      | "     | "       | 40                           | 8              | "                     | "                | "                                    | "   | " | "      |  |
|                                   | Total            | 234                              | 106            | 3              | 12               | 29                             | 5              | 1              | "                | 390   | 18                          | 3              | "              | "                | 1                            | "              | "              | "                | 5                     | 5              | "              | "                | 32                          | 239                               | 103     | 4     | 12      | 358                          | 181            | 23                    | 17               | 262                                  | 120 | 4 | 12     | 25.64                                      |

Signed D. Mackay  
A. S. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE  
Week ending *Saturday Jan 25*, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in <sup>Quarters</sup> ~~Quarters~~, for the week ending Saturday, January 25, 1868.  
STATION: Monroe. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

*Wm. Thirley*  
a Surgeon U. S. a in charge.  
of Dispensary



*Consolidated*  
WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *January 25*, 186*8*.

Forwarded by  
*A. C. Smartzwelder*  
*Surgeon in Chief*  
*D. R. A. & A. S.*  
*Dist. La*

Forwarded to *C. M. T. 8, 18*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*Dr. Francis Barnes was contacted with on 25 Jan 1868  
to take the place of W. H. Surg. M. H. Gray promoted  
to Surgeon in Charge A. C. Hospital*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*January 25*, 186*8*.

*Forwarded by*

*H. G. Gray, M.D.*  
*Surgeon in Chief*  
*U. S. A. S. C.*  
*Dist. No.*

*Forwarded to W. M. July 5, 1868*

REMARKS.

*Dr Francis Barnes was contracted with Jan'y 25 1868 to take the place of U. S. Surg. H. G. Gray, promoted to Surgeon in Charge N. O. Hospital*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.   |
|------------------|---------|-------------|-----------------------|--|
| David Mackay     | Albany  | New Orleans | Present               | S.O. 107. Asst Comr -<br>Aug. 10. 1867 |
| Saml Angel       | "       | "           | "                     | Surg-in-charge Oct 12/65               |
| W. H. Gray       | "       | "           | "                     | Asst Comr, S.O. 108 Aug 12/67          |
| W. S. Rohmer     | "       | "           | "                     | Surg-in-charge Sept. 21/67             |
| David Hervey     | "       | "           | "                     | Asst Comr, S.O. 127 Oct 18/67          |
| W. M. Miller     | "       | "           | "                     | Actg Surg-in-charge Nov. 30/67         |
| C. C. Radmore    | "       | Shreveport  | "                     | Asst Comr, S.O. 127 Oct 18/67          |
| W. H. Riley      | "       | Algiers     | "                     | Surg-in-charge Feb 12/67               |
| Sto McKinley     | "       | Monroe      | "                     | Asst Comr S.O. 129 Oct 28/67           |
| Francis Barnes   | "       | New Orleans | "                     | Asst Comr S.O. 18 Aug 25/68            |
| James H. P. Wise | Steward | New Orleans | Present               | Actg Surg-in-charge                    |
| David James      | "       | Shreveport  | "                     | Surg-in-charge Hosp.                   |

A. C. Searles

Surgeon in Chief

In charge of

B. R. F. T. L.

Dist. Sa



Consolidated  
**REPORT of Sick and Wounded Refugees and Freedmen in *W. H. Freedmen's Hospitals Dispensaries* for the week ending Saturday, *January 25*, 1868.**  
STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|---------------------|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|                     |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| David Mackay M.D.   | New Orleans La.        |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|                     | Marine Hosp            | 198                              | 92             | 2              | 12               | 24                             | 3              | 1              | "                | 332                                    | 17                          | 3              | "              | "                | 1                            | "              | "              | "                | 4                     | 4              | "              | "                | 8                           | 29                                | 200          | 88             | 3              | 12                           | 383       | 102                   | 22    | 15                                   | "            | "              | "              | "                | "  | 241.09 |
|                     | Small Pox Ward         | 1                                | "              | 1              | "                | "                              | 1              | "              | "                | 3                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | 1            | 1              | "              | 3                            | 43        | 1                     | "     | "                                    | "            | "              | "              | "                |  |        |
|                     | Cholera Ward           | 8                                | 5              | "              | "                | 2                              | "              | "              | "                | 15                                     | 1                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | 1              | "              | "                | 2                           | 3                                 | 8            | 4              | "              | "                            | 12        | 28                    | "     | 2                                    | "            | "              | "              | "                | 133.83                                     |        |
|                     | Dependent Home         | 27                               | 9              | "              | "                | 3                              | 1              | "              | "                | 41                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 30                                | 10           | "              | "              | 40                           | 8         | "                     | "     | "                                    | "            | "              | "              | "                |  |        |
|                     | Total                  | 224                              | 106            | 3              | 12               | 29                             | 5              | 1              | "                | 390                                    | 18                          | 3              | "              | "                | 1                            | "              | "              | "                | 5                     | 5              | "              | "                | 10                          | 32                                | 339          | 103            | 4              | 12                           | 358       | 181                   | 23    | 17                                   | 263          | 120            | 3              | 12               | 478  | 25.64  |
| C. C. Radmore M.D.  | Freed Hosp New Orleans | 17                               | 29             | 22             | 8                | 9                              | 5              | 2              | 1                | 93                                     | 10                          | 2              | 1              | 1                | "                            | "              | "              | "                | 1                     | "              | "              | 1                | 15                          | 16                                | 31           | 23             | 8              | 78                           | 22        | 5                     | 4     | 21                                   | 35           | 23             | 8              | 87               | 10.75                                      |        |
| W. H. Riley M.D.    | Dispensary New Orleans | 7                                | 2              | 4              | 2                | 14                             | 7              | 6              | 5                | 47                                     | 17                          | 7              | 8              | 2                | "                            | "              | "              | "                | "                     | "              | "              | "                | 34                          | 4                                 | 2            | 2              | 5              | "                            | "         | "                     | "     | 300                                  | 300          | 200            | 200            | 1000             |  |        |
| S. C. McKinley M.D. | Dispensary New Orleans | 11                               | 9              | 1              | 1                | 20                             | 14             | 3              | 6                | 65                                     | 22                          | 10             | 2              | 4                | "                            | "              | "              | "                | "                     | "              | "              | "                | 38                          | 9                                 | 13           | 2              | 3              | "                            | "         | "                     | "     | 300                                  | 300          | 200            | 200            | 1000             |  |        |
|                     | Grand Total            | 269                              | 146            | 30             | 23               | 72                             | 31             | 12             | 12               | 595                                    | 47                          | 22             | 11             | 7                | 1                            | "              | "              | "                | 5                     | 6              | "              | "                | 11                          | 119                               | 268          | 149            | 31             | 28                           | 426       | 203                   | 28    | 21                                   | 884          | 753            | 426            | 420              | 2576                                       | 18.49  |

*A. C. Braggelder*  
Surgeon *in charge*  
*DR. H. A. S.*  
Dist. Sec.



WARR 76

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*N. O.*

District of

*La*

FOR THE

Week ending

*January 25<sup>th</sup>*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in *W. S. Thompson* for the week ending Saturday, *June 25*, 186*8*.  
 STATION: *St. O.*, DISTRICT OF *La.*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--|
|                 |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. |  |
| D. Harkay       | H. C. L.      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |  |
|                 | Marion Hoofit | 198                              | 92             | 2              | 12               | 24                             | 3              | 1              |                  | 332                                    | 17                          | 3              |                |                  | 1                            |                |                | 4                | 4                     |                |                | 29               | 200                         | 88                                | 3              | 12             | 303              | 102                          | 22      | 15                    |         |                                      |                |                | 24.29.           |  |
|                 | S. P. Brauch  | 2                                |                |                |                  |                                | 1              |                |                  | 3                                      |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 2                           | 1                                 |                |                | 3                | 23                           | 1       |                       |         |                                      |                |                |                  |  |
|                 | C. Brauch     | 8                                | 5              |                |                  | 2                              |                |                |                  | 15                                     | 1                           |                |                |                  |                              |                |                | 1                | 1                     |                |                | 3                | 8                           | 4                                 |                | 12             | 28               |                              | 2       |                       |         |                                      |                | 133.33.        |                  |  |
|                 | Depot Home    | 27                               | 9              |                |                  | 3                              | 1              |                |                  | 40                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 30                          | 10                                |                |                | 40               | 8                            |         |                       |         |                                      |                |                |                  |  |
|                 | Total         | 235                              | 106            | 2              | 12               | 29                             | 5              | 1              |                  | 390                                    | 18                          | 3              |                |                  | 1                            |                |                | 5                | 5                     |                |                | 32               | 240                         | 103                               | 3              | 12             | 358              | 184                          | 23      | 17                    | 351     | 148                                  | 3              | 12             | 25.64.           |  |

*at St.* Surgeon U. S. *A.* in charge.



## WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

District of

FOR THE

Week ending

1868.

REMARKS.

## DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

A. A. Long & Francis Barnes U.S.A. assigned to duty at  
U.S. Freedmen's Hospital January 25<sup>th</sup> 1868. Long  
Special Order. No 18, dated Headquarters Bureau R. 7  
and A.L. Dist. Lg. New Orleans La Jan 25<sup>th</sup> 1868. He taken  
the place in the hands of A. R. Long off the Army.  
Long was wounded & removed to Bureau Hospital.



The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of: *Illinois*

FOR THE

Week ending *January 25<sup>th</sup>* 1868.

REMARKS.

*A. A. Surg Francis Barnes U.S.A. Assigned to duty at  
U. S. Freedmen's Hospital January 25<sup>th</sup> 1868, by  
Special Order. No 18, dated Headquarters Bureau R. &  
and A.L. Dist. L. New Orleans La Jan 25<sup>th</sup> 1868. He takes  
the place in the words of A. A. Surg W. H. May  
promoted to Surgeon in Chief. -  
just as it is.*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------------|-------------|-----------------------|--------------------------------------|
| David Hartley    | A. A. Surg. Lt. Col. | New Orleans | Present               | Assistant Commr.                     |
| Samuel Angel     | " "                  | " "         | "                     | Surg. in Chief                       |
| H. N. Gray       | " "                  | " "         | "                     | Asst. Commr.                         |
| H. B. Palmer     | " "                  | " "         | "                     | Surg. in Chief                       |
| David Hershey    | " "                  | " "         | "                     | Asst. Commr.                         |
| H. W. Miller     | " "                  | " "         | "                     | Acty Surg. in Chief                  |
| Francis Barnes   | " "                  | " "         | "                     | Asst. Commr.                         |
| James J. P. Hill | Surgeon              | New Orleans | Present               | Surgeon in Chief                     |

H. J. Marshall

A. A. Surgeon U. S. A.

In charge of

U. S. A. Hospital



REPORT of Sick and Wounded Refugees and Freedmen in W. L. Freedman's Hospital, for the week ending Saturday, January 25<sup>th</sup>, 186 8.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         |  | STATION.       |  | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |  |  |  | RATIO PER 1,000. OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                         |  |                |  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| David Spearkey S.H.M.H. |  | New Orleans La |  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

just passed it

just passed it

J. J. Mackay  
 A. S. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *February 13*, 186*8*.  
*11*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.              | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|--------------------|------------|-----------------------|--------------------------------------|
| H. H. Gray       | Asst. Surg. U.S.A. | St. O. La. | Present.              | Act. Commissioner                    |
| Samuel Angel     | " " "              | " " "      | "                     | Surg. in Chief                       |
| H. B. Rohmer     | " " "              | " " "      | "                     | " " "                                |
| D. Hershey       | " " "              | " " "      | "                     | Asst. Commr                          |
| H. M. Miller     | " " "              | " " "      | "                     | Act. Surg. in Chief                  |
| Francis James    | " " "              | " " "      | "                     | Asst. Commr                          |
| James H. P. Hise | Surgeon            | St. O. La. | Present.              | Act. Surg. in Chief                  |

H. H. Gray

Asst. Surgeon U.S.A.

In charge of U. S. L. Hospital



REPORT of Sick and Wounded Refugees and Freedmen in *St. Louis Hospital*, for the week ending Saturday, *February 15*, 1868.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                    | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                                    |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Gray, S. D. Surgeon U. S. A. | New Orleans La.  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                                    | Marian Hospital  | 200                              | 88             | 3              | 12               | 31                             | 6              | 2              | 2                | 344                                    | 21                          | 5              | "              | "                | "                            | "              | "              | 2                | 4                     | "              | "              | 6                | 32     | 208                         | 85                                | 5              | 14             | 312              | 92                           | 22      | 15                    |         |                                      |                |                |                  |        | 17.44                                      |
|                                    | Small Pox Branch | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 1                           | 1                                 | 1              | "              | 3                | 43                           | 1       | "                     |         |                                      |                |                |                  |        |  |
|                                    | Cholera Branch   | 8                                | 4              | "              | "                | 3                              | "              | "              | "                | 15                                     | 2                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 3      | 9                           | 3                                 | "              | 12             | 28               | "                            | 2       |                       |         |                                      |                |                |                  |        |  |
|                                    | Dependent Home   | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 30                          | 10                                | "              | "              | 40               | 8                            | "       | "                     |         |                                      |                |                |                  |        |  |
|                                    | Total            | 239                              | 103            | 4              | 12               | 34                             | 6              | 2              | 2                | 402                                    | 23                          | 6              | "              | "                | "                            | "              | "              | 2                | 4                     | "              | "              | 6                | 35     | 248                         | 99                                | 6              | 14             | 367              | 171                          | 23      | 17                    | 271     | 116                                  | 6              | 14             | 407              | 14.93  |  |

*W. H. Gray*  
 A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *Feb. 1<sup>st</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.         | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------------|----------|-----------------------|--------------------------------------|
| Mr. H. Gray.     | Act. S. & Sh. | N.O.C.   | Present               | Aust. Com missr.                     |
| Samuel Angel     | " "           | "        | "                     | " "                                  |
| Mr. B. Bohmer    | " "           | "        | "                     | " "                                  |
| David Hissley    | " "           | "        | "                     | " "                                  |
| Wm M Miller      | " "           | "        | "                     | " "                                  |
| James H. P. Wier | Steward.      | N.O.C.   | Pres.                 | Sdoy. in chief                       |

*W. A.* Surgeon *U. S. A.*  
 In charge of *U. S. S. Hospital*



REPORT of Sick and Wounded Refugees and Freedmen in *U. S. Freedmen's Hospital*, for the week ending Saturday, *February 1*, 186*8*.  
STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
|                 | New Orleans La    |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 | Marine Hospital   | 200                              | 88             | 3              | 12               | 31                             | 6              | 2              | 2                | 344   | 21                          | 5              | "              | "                | "                            | "              | 2              | 4                | "                     | "              | 6              | 32               | 208    | 85                          | 5                                 | 14             | 312            | 92               | 22                           | 15      |                       |         |                                      |                |                | 17.44.           |        |  |
|                 | Small Pop. Branch | 2                                | 1              | 1              | "                | "                              | "              | "              | "                | 3   | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 1      | 1                           | 1                                 | "              | 3              | 43               | 1                            | "       |                       |         |                                      |                |                |                  |        |  |
|                 | Cholera Branch    | 8                                | 4              | "              | "                | 3                              | "              | "              | "                | 15  | 2                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 3                | 9      | 3                           | "                                 | 12             | 28             | 2                | 2                            |         |                       |         |                                      |                |                |                  |        |  |
|                 | Dependable Homes  | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40  | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 30     | 10                          | "                                 | "              | 40             | 8                | "                            | "       |                       |         |                                      |                |                |                  |        |  |
|                 | Total             | 239                              | 103            | 4              | 12               | 34                             | 6              | 2              | 2                | 402   | 23                          | 6              | "              | "                | "                            | "              | 2              | 4                | "                     | "              | 6              | 35               | 248    | 99                          | 6                                 | 14             | 367            | 171              | 23                           | 17      | 27                    | 16      | 6                                    | 14             | 407            | 145.92.          |        |  |

*AA*, Surgeon U. S. *A* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Morristown*

District of *Perisilma*

FOR THE  
Week ending *Saturday Feb 1st*, 1868

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.               | RANK.                         | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.    |
|---------------------|-------------------------------|----------|-----------------------|---|
| <i>S. M. Timley</i> | <i>a a<br/>Sgt ufa Monroe</i> |          | <i>Present</i>        | <i>Apt Com. Dist Sa<br/>Oct 26 1867</i> |

S. M. Winley  
 A. A. Surgeon *refd*  
 In charge of *Dispensary*



REPORT of Sick and Wounded <sup>located</sup> Refugees and Freedmen in <sup>quarters</sup> , for the week ending Saturday, *February 1st*, 1868.  
 STATION: *Monroe* , DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |            | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|------------|--|
|                     |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.     |  |
| <i>S. M. Winley</i> | <i>Monroe</i> | <i>9</i>                         | <i>13</i>      | <i>2</i>       | <i>3</i>         | <i>20</i>                      | <i>14</i>      | <i>4</i>       | <i>4</i>         | <i>69</i>                              | <i>23</i>                   | <i>16</i>      | <i>6</i>       | <i>5</i>         |                              |                |                |                  | <i>2</i>              |                |                |                  | <i>1</i> | <i>3</i>                    | <i>53</i>                         | <i>4</i>       | <i>11</i>      | <i>1</i>         |                              |         |                       |         | <i>92</i>                            | <i>37</i>      | <i>27</i>      | <i>27</i>        | <i>176</i> | <i>43:48</i>                               |

*S. M. Winley*  
*a a* Surgeon U. S. *a* in charge.  
*of Dispensary*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

*4<sup>th</sup>* District of *Louisiana*

FOR THE

Week ending *1<sup>st</sup> February*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *A. S. Freedmen's Hospital*, for the week ending Saturday, *1<sup>st</sup> February*, 1868.

STATION: Shreveport DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.       | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |        | TOTAL NUMBER UNDER CHARGE OF BUREAU. |         |       |         |              | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |                |                |
|-----------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|------------------------------|----------------|-----------------------|--------|--------------------------------------|---------|-------|---------|--------------|--|----------------|----------------|
|                       |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females.               | Male children. | Female children.      | Total. | Occupied.                            | Vacant. | Male. | Female. | Adult males. |  | Adult females. | Male children. |
| L. J. C. Radman, M.D. | Thompson, La. | 16                               | 31             | 23             | 8                | 7                              | 9              | 2              | 2                | 98                                     | 7                           | 8              | 2              | 1                |                              |                |                |                  |                       |                |                |                  | 18                          | 16                                | 32           | 23                           | 9              | 80                    | 20     | 5                                    | 4       | 21    | 26      | 23           | 9  | 89             | OK             |

C. C. Radmore  
Lt Surgeon U. S. A in charge.  
L. A. M.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE  
Week ending *February 1<sup>st</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Quarters at R & F Dispensary, for the week ending Saturday, February 1st, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| STATION: <i>Algiers</i> |                | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |           | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |            | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-------------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|------------|--------------------------------------|----------------|----------------|------------------|-----------|--|
| NAME OF WRITER.         | STATION.       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.    |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female.    | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <i>W H Riley</i>        | <i>Algiers</i> | <i>4</i>                         | <i>2</i>       | <i>2</i>       | <i>5</i>         | <i>14</i>                      | <i>12</i>      | <i>10</i>      | <i>12</i>        | <i>61</i>                              | <i>13</i>                   | <i>10</i>      | <i>12</i>      | <i>16</i>        | <i>1</i>                     |                |                |                  |                       |                |                |                  | <i>52</i> | <i>4</i>                    | <i>4</i>                          | <i>0</i>       | <i>1</i>       |                  |                              |         |                       | <i>300</i> | <i>300</i>                           | <i>200</i>     | <i>200</i>     | <i>1000</i>      | <i>OR</i> |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |
|                         |                |                                  |                |                |                  | </                             |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |         |                       |            |                                      |                |                |                  |           |  |

W H Riley  
 aa Surgeon U. S. a in charge.



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*February 1<sup>st</sup>*, 186*8*

REMARKS-

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

Forwarded by

*A. C. Switzmiller**Surgeon in Chief*  
*P. R. F. & H. S.*  
*Dist. La*



LIST OF MEDICAL OFFICERS.

| NAME.           | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-----------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray      | Albany  | New Orleans | Present               | Act Comd' S.O. 118 Aug 1867.         |
| Saml. Angel     | "       | "           | "                     | Surg-in-Chief Oct 12/15.             |
| W. B. Plummer   | "       | "           | "                     | " " " Sept 12/17.                    |
| David Hensley   | "       | "           | "                     | Act Comd' S.O. 127 Oct 18/67.        |
| W. M. Miller    | "       | "           | "                     | Actg Surg-in-Chief Nov 30/67.        |
| Francis Barnes  | "       | "           | "                     | Act Comd' S.O. 128 May 25/18.        |
| G. C. Radburn   | "       | Shreveport  | "                     | Act Comd' S.O. 127 Oct 18/67.        |
| W. H. Riley     | "       | Algiers     | "                     | Surg-in-Chief Feb 12/67.             |
| S. E. McKinley  | "       | Monroe      | "                     | Act Comd' S.O. 129 Oct 28/67.        |
| James H. O'Wise | Steward | New Orleans | Present               | Actg Surg-in-Chief.                  |
| David James     | "       | Shreveport  | "                     | Surg-in-Charge Hosp.                 |

A. C. Emery, M.D.

Surgeon in Chief

In charge of

G. R. H. & A. L.

Dist. La



Consolidated

R  
REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen's Hospital Dispensaries* for the week ending Saturday, *February 1<sup>st</sup>*, 1868.

STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                     | STATION.            | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-------------------------------------|---------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                                     |                     | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W.H. Gray, M.D., Surgeon U.S.A.     | New Orleans La.     |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                                     | Wearine Hospit.     | 200                              | 88             | 3              | 12               | 31                             | 6              | 2              | 2                | 344                                    | 21                          | 5              | "              | "                | "                            | "              | "              | "                | 2                     | 4              | "              | "                | 6      | 32                          | 208                               | 85             | 5              | 14               | 312                          | 92      | 22                    | 15      |                                      |                |                |                  |        | 17.44                                      |
|                                     | Small Pop. Ward.    | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 1                           | 1                                 | 1              | "              | 3                | 43                           | 1       | "                     |         |                                      |                |                |                  |        |  |
|                                     | Cholera Ward.       | 8                                | 4              | "              | "                | 3                              | "              | "              | "                | 15                                     | 2                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 3      | 9                           | 3                                 | "              | "              | 12               | 28                           | "       | 2                     |         |                                      |                |                |                  |        |  |
|                                     | Dependents Home     | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 30                          | 10                                | "              | "              | 40               | 8                            | "       | "                     |         |                                      |                |                |                  |        |  |
|                                     | Total               | 239                              | 103            | 4              | 12               | 34                             | 6              | 2              | 2                | 402                                    | 23                          | 6              | "              | "                | "                            | "              | "              | "                | 2                     | 4              | "              | "                | 6      | 35                          | 248                               | 99             | 6              | 14               | 367                          | 171     | 23                    | 17      | 271                                  | 116            | 6              | 14               | 407    | 14.93                                      |
| C.B. Rodgers, M.D., Surgeon U.S.A.  | Fred. Hosp. Memphis | 16                               | 31             | 23             | 8                | 7                              | 9              | 2              | 2                | 98                                     | 7                           | 8              | 2              | 1                | "                            | "              | "              | "                | "                     | "              | "              | "                | 18     | 16                          | 32                                | 23             | 4              | 80               | 20                           | 5       | 4                     | 21      | 36                                   | 23             | 9              | 89               |        |  |
| W.H. Riley, M.D., Surgeon U.S.A.    | Dispensary Algiers  | 4                                | 2              | 2              | 5                | 14                             | 12             | 10             | 12               | 61                                     | 13                          | 10             | 12             | 16               | 1                            | "              | "              | "                | "                     | "              | "              | "                | 52     | 4                           | 4                                 | 0              | 1              | "                | "                            | "       | "                     | 300     | 300                                  | 200            | 200            | 1000             |        |  |
| S.E. McKinley, M.D., Surgeon U.S.A. | Dispensary Monroe   | 9                                | 13             | 2              | 3                | 20                             | 14             | 4              | 4                | 69                                     | 23                          | 16             | 6              | 5                | "                            | "              | "              | "                | 2                     | "              | "              | 1                | 3      | 53                          | 4                                 | "              | "              | 1                | "                            | "       | "                     | "       | 300                                  | 300            | 200            | 200              | 1000   | 43.48                                      |
|                                     | Grand total.        | 268                              | 144            | 31             | 28               | 75                             | 41             | 18             | 20               | 690                                    | 66                          | 40             | 20             | 22               | 1                            | "              | "              | "                | "                     | 4              | 4              | "                | 9      | 158                         | 272                               | 146            | 29             | 25               | 447                          | 191     | 28                    | 21      | 892                                  | 702            | 499            | 423              | 2496   | 14.29                                      |

*A.C. Smaragdov*  
Surgeon *in charge*  
*J.R. H. L.*  
*Dist. La*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N. O. La*

District of *Louisiana*

FOR THE

Week ending *Feb 8<sup>th</sup>*, 186*8*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 .

STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm. H. Miller   | N.O. La. | 7                                | 1              | 1              | "                | 3                              | 1              | "              | "                | 13                                     | 2                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1      | 3                           | 7                                 | 2              | 1              | "                | 10                           | 7       | 4                     | 3       | 14                                   | 5              | 1              | "                | 17     |  |

Wm. H. Miller  
U. S. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *Feb 8<sup>th</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



*In charge of* .....



REPORT of Sick and Wounded Refugees and Freedmen in Freedmen Hospital New Orleans for the week ending Saturday, January 8<sup>th</sup>, 1868.  
STATION: New Orleans La . DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.   | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|
|                   |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  |
| <i>M. S. Gray</i> | <i>New Orleans</i> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |
|                   | <i>Marine Hosp</i> | 208                              | 85             | 5              | 14               | 44                             | 7              |                |                  | 1364                                   | 33                          | 5              | 1              | 1                | "                            | "              | "              | 2                | 2                     | "              | "              | 4                | 44                          | 214                               | 85           | 4              | 14             | 319                          | 71        | 22                    | 15    |                                      |              |                |                |                  |  |
|                   | <i>SP</i>          | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                |                             | 1                                 | 1            | 1              | 3              | 1                            | "         | 1                     |       |                                      |              |                |                |                  |  |
|                   | <i>Chol</i>        | 9                                | 3              | "              | "                | 3                              | "              | "              | "                | 15                                     | 1                           | "              | "              | "                | "                            | "              | "              | 1                | "                     | "              | "              | 1                | 2                           | 10                                | 3            | "              | 13             | 5                            | 1         | 1                     |       |                                      |              |                |                |                  |  |
|                   | <i>Dysp</i>        | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 4                           | 30                                | 10           | "              | 40             | 10                           | "         | "                     |       |                                      |              |                |                |                  |  |
|                   |                    | 248                              | 99             | 6              | 14               | 44                             | 7              |                |                  | 1429                                   | 34                          | 5              | 1              | 1                | "                            | "              | "              | 3                | 2                     | "              | "              | 5                | 46                          | 255                               | 99           | 5              | 14             | 373                          | 87        | 23                    | 17    |                                      |              |                |                |                  |  |



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WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Mobile*

District of *Louisiana*

FOR THE

Week ending *Satdy Feb 8th*, 1868

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Recd in Off. 2<sup>nd</sup> Div. 3, 5, 68*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Higgins*  
District of *Louisiana*

FOR THE  
Week ending *February 8th*, 186*8*.

REMARKS -

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



W H Riley  
U S Surgeon U.S.A.  
In charge of R & F. Dispensary



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in R & F Dispensary, for the week ending Saturday, February 8<sup>th</sup>, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |       |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|-------|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |       |
| A H Riley       | Algiers  | 4                                | 4              | 0              | 1                | 14                             | 10             | 10             | 5                | 48  | 12                          | 10             | 7              | 5                |                              |                |                |                  | 1                     |                |                | 1                | 35                          | 5                                 | 4            | 3              | 1              |                              |           |                       |       |                                      |              | 300            | 300            | 200              | 200  | 1000   | 20.83 |
|                 |          |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        | OK    |

OK

A H Riley  
U.S. Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*  
FOR THE  
Week ending *8<sup>th</sup> February*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U. S. Freedmen's Hospital*, for the week ending Saturday, *6<sup>th</sup> February*, 1868.  
STATION: *Shreveport La* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

L. L. Ransom  
Sgt., Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *22 February 8<sup>th</sup> 1868*

REMARKS-

*L. O. S. - in ch. 2, 8, 18*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in Freedmen's Hospital, for the week ending Saturday, February 8, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                      | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                      |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W. H. Gray<br>A. A. Surgeon U. S. A. | New Orleans<br>La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*February 8*

1868.

*Forwarded by*

*A. C. Braxton*  
*Surgeon in Chief*  
*U. S. A.*  
*Diet. Sa*

*Forward to C. M. Mch 5<sup>th</sup> 68*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray        | Albany  | New Orleans | Present               | Apt Comr S.O. 108 Aug '67.           |
| Samuel Angel      | "       | "           | "                     | Surgeon in Chief Oct '65.            |
| W. B. Rohmer      | "       | "           | "                     | " " Sept 21 '67.                     |
| David Hurshy      | "       | "           | "                     | Apt Comr S.O. 127 Oct '67.           |
| W. M. Miller      | "       | "           | "                     | Acty Surgeon in Chief Nov 30 '67.    |
| Francis Barnes    | "       | "           | "                     | Apt Comr S.O. 18 Jan 25 '68.         |
| W. R. Radmore     | "       | Shreveport  | "                     | " " S.O. 127 Oct 18 '67.             |
| W. H. Riley       | "       | Algiers     | "                     | Surgeon in Chief Feb 12 '67.         |
| S. E. McNulty     | "       | Monroe      | "                     | Apt Comr S.O. 129 Oct 28 '67.        |
| James H. P. White | Steward | New Orleans | Present               | Acty Surgeon in Chief                |
| David James       | "       | Shreveport  | "                     | Surgeon in Charge Hospitals          |

Surgeon in Chief  
in charge of P. R. Fort L.  
Dist La



Consolidated  
**REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospitals Dispensaries* for the week ending Saturday, *February 8<sup>th</sup>*, 1868.**  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |  |
|-----------------|-----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|--|
|                 |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |  |
| W. H. Gray      | U. S. Hospital  | 208                              | 85             | 5              | 14               | 41                             | 7              | 1              | 1                | 361                                    | 33                          | 5              | 1              | 1                | "                            | "              | "              | "                | 2                     | 2              | "              | "                | 4                           | 44                                | 24             | 85             | 4                | 14                           | 317     | 71                    | 22      | 15                                   | "              | "              | "                | "      | "  | 11.08 |  |
|                 | Small Pox Ward  | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3                                      | 9                           | 9              | 1              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | "                                 | 1              | 1              | 1                | "                            | 3       | 1                     | "       | 1                                    | "              | "              | "                | "      | "  |       |  |
|                 | Cholera Ward    | 9                                | 3              | "              | "                | 2                              | "              | "              | "                | 15                                     | 1                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1                           | 2                                 | 10             | 3              | "                | "                            | 13      | 5                     | 1       | 1                                    | "              | "              | "                | "      | "  | 66.66 |  |
|                 | Dependent Homes | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | "                                 | 11             | 30             | 10               | "                            | "       | 40                    | 10      | "                                    | "              | "              | "                | "      | "  | "     |  |
|                 | Total.          | 248                              | 99             | 6              | 14               | 44                             | 7              | "              | 1                | 419                                    | 34                          | 5              | 1              | 1                | "                            | "              | "              | "                | 3                     | 2              | "              | "                | 5                           | 46                                | 23             | 99             | 5                | 14                           | 373     | 87                    | 23      | 17                                   | 278            | 116            | 5                | 14     | 413  | 11.93 |  |
| C. S. Radmore   | U. S. Hospital  | 16                               | 32             | 23             | 9                | 2                              | 1              | "              | "                | 83                                     | 4                           | 3              | "              | "                | "                            | "              | "              | "                | 1                     | 1              | "              | "                | 2                           | 9                                 | 14             | 29             | 22               | 9                            | 74      | 26                    | 5       | 4                                    | 19             | 33             | 22               | 9      | 83   | 24.10 |  |
| W. H. Riley     | U. S. Hospital  | 4                                | 4              | "              | 1                | 14                             | 10             | 10             | 5                | 48                                     | 12                          | 10             | 7              | 5                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1                           | 35                                | 5              | 4              | 3                | 1                            | "       | "                     | "       | "                                    | 310            | 310            | 200              | 200    | 1000                                       | 20.83 |  |
| S. C. McFarland | U. S. Hospital  | 4                                | 11             | "              | 1                | 19                             | 12             | 2              | 4                | 53                                     | 12                          | 20             | 2              | 4                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 38                                | 11             | 3              | "                | 1                            | "       | "                     | "       | "                                    | 310            | 310            | 200              | 200    | 1000                                       |       |  |
|                 | Grand total     | 272                              | 146            | 20             | 25               | 79                             | 34             | 12             | 10               | 613                                    | 62                          | 38             | 10             | 10               | "                            | "              | "              | "                | 4                     | 3              | 1              | "                | 8                           | 128                               | 246            | 105            | 30               | 52                           | 447     | 118                   | 28      | 21                                   | 897            | 749            | 424              | 423    | 2496                                       | 13.27 |  |

*A. C. Smartmiller*  
 Surgeon *in Charge*  
*P. R. H. & S. S.*  
*Dist. La.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N. O. La*

District of *Louisiana*

FOR THE  
Week ending *Feb. 15*, 186*8*

REMARKS

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







~~Refugees~~ and Freedmen in *Cholera and S. P. Hospital*, for the week ending Sat  
*La.*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and

| ION.     | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NU ATT   |
|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|----------|
|          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   |          |
| <i>6</i> | <i>6</i>                         | <i>2</i>       | <i>1</i>       | <i>"</i>         | <i>2</i>                       | <i>1</i>       | <i>"</i>       | <i>"</i>         | <i>12</i>                              | <i>4</i>                    | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i>                     | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i>              | <i>1</i>       | <i>"</i>       | <i>"</i>         | <i>1</i> | <i>5</i>                    | <i>2</i>                          | <i>2</i>       | <i>1</i>       | <i>"</i>         | <i>7</i>                     | <i>10</i> | <i>3</i> |



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *Cholera and S. P. Hospital*, for the week ending Saturday, *February 15*, 186*8*.  
 STATION: *N.O. La.*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm. M. Miller   | N.O. La  | 6                                | 2              | 1              | "                | 2                              | 1              | "              | "                | 12  | 4                           | 2              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | 1                | 5      | 4                           | 2                                 | 1              | "              | 7                | 10                           | 3       | 2                     | 7       | 4                                    | 1              | "              | 12               |        |  |

*Wm. M. Miller*  
*a. a.* Surgeon U. S. *a.* in charge.



OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: Algiers  
District of Louisiana

FOR THE  
Week ending February 15<sup>th</sup>, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



R & F Dispensary



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Quarters at R. & F. Dispensary for the week ending Saturday, February 15<sup>th</sup>, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <i>H. C. Riley</i> | <i>Algiers</i> | 5                                | 4              | 3              | 1                | 15                             | 20             | 10             | 5                | 63                                     | 13                          | 22             | 9              | 5                |                              |                |                |                  |                       |                |                |                  |        | 49                          | 7                                 | 2              | 4              | 1                |                              |         |                       |         | 300                                  | 300            | 200            | 200              | 1000   |  |

*H. C. Riley*  
*A. A.* Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~XXX~~ FREEDMEN.

Station: *Monroe*  
District of *Louisiana*

FOR THE  
Week ending *Saturday Feb 15*, 186*8*.

REMARKS.

*Recd O.S. in half 2<sup>nd</sup> time*  
*3, 5, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



S. M. Bailey  
 A. A. Surgeon U. S. A.  
 In charge of Dispensary







OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*  
District of: *Louisiana*

FOR THE  
Week ending *15<sup>th</sup> February*, 1868.

REMARKS.

*Rec'd O.S. in-cls 2, 25, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen's Hospital*, for the week ending Saturday, *15<sup>th</sup> February*, 1868.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                  | STATION.                        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |           | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------------------|---------------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|-----------|--------------------------------------|----------------|----------------|------------------|-----------|--|
|                                  |                                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.   | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <i>A. A. Surg. C. C. Radmore</i> | <i>U.S. Freedmen's Hospital</i> | <i>14</i>                        | <i>29</i>      | <i>22</i>      | <i>9</i>         | <i>3</i>                       | <i>1</i>       |                |                  | <i>18</i>                              | <i>3</i>                    |                |                |                  |                              |                |                |                  | <i>1</i>              |                |                |                  | <i>1</i> | <i>4</i>                    | <i>13</i>                         | <i>30</i>      | <i>22</i>      | <i>9</i>         | <i>74</i>                    | <i>26</i> | <i>5</i>              | <i>23</i> | <i>18</i>                            | <i>33</i>      | <i>22</i>      | <i>9</i>         | <i>82</i> | <i>13-82</i>                               |

*C. C. Radmore*  
*14* Surgeon U. S. A. in charge.



WEEKLY REPORT

OK

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *February 15<sup>th</sup>*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Recd. O. S. no. 642, 15, 68*



## LIST OF MEDICAL OFFICERS.

| NAME.                           | RANK.                | STATION.           | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------------------------|----------------------|--------------------|-----------------------|--------------------------------------|
| W. B. Gray A. S. Surg. U. S. A. |                      | New Orleans        | Present               | Asst Commr                           |
| Jammes Angel                    | A. S. Surg. U. S. A. | " "                | "                     | Surg in Chief                        |
| W. B. Rohmer                    | A. S. Surg. U. S. A. | " "                | "                     | " " "                                |
| D. Hershey                      | A. S. Surg. U. S. A. | " "                | "                     | Asst Commr                           |
| H. M. Miller                    | A. S. Surg. U. S. A. | " "                | "                     | Actg Surg in Chief                   |
| Francis Barnes                  | A. S. Surg. U. S. A. | " "                | "                     | Asst Commr                           |
| <i>J. H. Wess</i>               | <i>Steward</i>       | <i>New Orleans</i> | <i>Present</i>        | <i>Actg Surg in Chief</i>            |

W. H. Gray  
a. a. Surgeon U.S.A.  
In charge of Friedman's Hospital  
New Orleans  
La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, February 15<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                 | STATION.                | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |     |   |    | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |      |
|---------------------------------|-------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|-----|---|----|--|-------|------|
|                                 |                         | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |     |   |    |  |       |      |
| <u>H. C. Gray A. A. Surgeon</u> | <u>New Orleans La</u>   |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |     |   |    |  |       |      |
|                                 | <u>Marine Hospital</u>  | 214                              | 85             | 4              | 14               | 31                             | 11             | 2              | 1                | 362                                    | 20                          | 4              | 1              | 1                | "                            | "              | "              | "                | 4                     | 1              | "              | "                | 3                           | 1                                 | 22      | 9     | 5       | 14                           | 331            | 57                    | 22               | 15                                   |     |   |    |  | 13.81 | ✓ OK |
|                                 | <u>Small Pox Branch</u> | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1                           | 1                                 | "       | 1     | "       | 2                            | 2              | "                     | "                |                                      |     |   |    | 353.33                                     | ✓ OK  |      |
|                                 | <u>Cholera Branch</u>   | 10                               | 3              | "              | "                | 1                              | "              | "              | "                | 14                                     | 2                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 2                           | 9                                 | 3       | "     | "       | 12                           | 6              | 1                     | 1                |                                      |     |   |    |  |       |      |
|                                 | <u>Dependents Home</u>  | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 30                                | 10      | "     | "       | 40                           | 10             | "                     | "                |                                      |     |   |    |  |       |      |
|                                 | <u>Total.</u>           | 255                              | 99             | 5              | 14               | 32                             | 11             | 2              | 1                | 419                                    | 22                          | 4              | 1              | 1                | "                            | "              | "              | "                | 4                     | 2              | "              | "                | 34                          | 26                                | 10      | 6     | 14      | 385                          | 75             | 23                    | 16               | 284                                  | 120 | 6 | 14 | 14.32                                      | ✓ OK  |      |

H. C. Gray  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK ~~AND WOUNDED~~ REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *February 15th*, 1868.

REMARKS.

*Forwarded by*  
*A. C. Smartzwelder*  
*Surgeon-in-Chief*  
*P. R. H. S. D.*  
*Dist. La.*

*Form d to W. M. M. Feb 15/8*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray     | Major   | New Orleans | Present               | Apt. Com's. O. 158. Aug. 12/67       |
| Samuel Angel   | "       | "           | "                     | Surg-in-Chief Oct. 12/65.            |
| W. D. Kolinger | "       | "           | "                     | " " " Sept. 21/67.                   |
| David Hershey  | "       | "           | "                     | Apt. Com's. O. 127. Oct. 15/67.      |
| W. M. Miller   | "       | "           | "                     | Actg. Surg-in-Chief Oct. 15/67.      |
| Francis Barnes | "       | "           | "                     | Apt. Com's. O. 18. Oct. 25/67.       |
| C. B. Rudmors  | "       | Shreveport  | "                     | Apt. Com's. O. 127. Oct. 15/67.      |
| W. H. Riley    | "       | Algiers     | "                     | Surg-in-Chief Oct. 12/67.            |
| S. E. McKinley | "       | Monroe      | "                     | Apt. Com's. O. 129. Oct. 24/67.      |
| James W. Price | Steward | New Orleans | Present               | Actg. Surg-in-Chief                  |
| David James    | "       | Shreveport  | "                     | Surg-in-Charge. Sept.                |

A. C. Smaragdov

Surgeon in Chief

In charge of

P. R. Smith

Dist. Sec.



*Consolidated*  
**REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Freedmen's Hospital Dispensaries*, for the week ending Saturday, *February 15<sup>th</sup>*, 186*8*.**  
STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                                       | STATION.                               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|--|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|   |  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Gray, A. H. Hughes, Geo. Means, L. S.           | Marine Hospital                        | 214                              | 85             | 4              | 14               | 31                             | 11             | 2              | 1                | 362   | 20                          | 4              | 1              | 1                | "                            | "              | "              | "                | 4                     | 1              | "              | "                | 5      | 31                          | 22                                | 9              | 5              | 14               | 331                          | 57      | 22                    | 15      |                                      |                |                |                  |        | 13.81                                      |
|   | Small Pox Branch                       | 1                                | 1              | 1              | "                | "                              | "              | "              | "                | 3   | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | 1              | "              | "                | 1      | 1                           | 1                                 | "              | "              | 2                | 2                            | "       | "                     |         |                                      |                |                |                  | 333.33 |  |
|   | Children Branch                        | 10                               | 3              | "              | "                | 1                              | "              | "              | "                | 14  | 2                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 2      | 9                           | 3                                 | "              | "              | 12               | 6                            | 1       | 1                     |         |                                      |                |                |                  |        |  |
|   | Dependents Home                        | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40  | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 30                          | 10                                | "              | "              | 40               | 10                           | "       | "                     |         |                                      |                |                |                  |        |  |
|   | Total                                  | 255                              | 99             | 5              | 14               | 32                             | 11             | 2              | 1                | 419   | 22                          | 4              | 1              | 1                | "                            | "              | "              | "                | 4                     | 2              | "              | "                | 6      | 34                          | 26                                | 10             | 6              | 14               | 385                          | 75      | 23                    | 16      | 284                                  | 120            | 6              | 14               | 424    | 14.32                                      |
| C. L. Radmore, W. H. Gray, W. H. Ford, Hugh Shephard. | U. S. Army, W. H. Ford, Hugh Shephard. | 14                               | 29             | 22             | 9                | 3                              | 1              | "              | "                | 78  | 3                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1      | 4                           | 13                                | 30             | 22             | 9                | 74                           | 26      | 5                     | 3       | 18                                   | 33             | 22             | 9                | 82     | 12.82                                      |
| W. L. Riley, W. H. Gray, W. H. Ford, W. H. Ford.      | U. S. Army, W. H. Ford, W. H. Ford.    | 5                                | 4              | 3              | 1                | 15                             | 20             | 10             | 5                | 63  | 13                          | 22             | 9              | 5                | "                            | "              | "              | "                | "                     | "              | "              | "                | 4      | 9                           | 7                                 | 2              | 4              | 1                | "                            | "       | "                     | "       | 300                                  | 300            | 200            | 200              | 1000   |  |
| S. E. McKinley, W. H. Gray, W. H. Ford, W. H. Ford.   | U. S. Army, W. H. Ford, W. H. Ford.    | 11                               | 3              | "              | 1                | 21                             | 19             | 11             | 6                | 72  | 28                          | 15             | 5              | 7                | "                            | "              | "              | "                | "                     | "              | "              | "                | 5      | 5                           | 4                                 | 7              | 6              | "                | "                            | "       | "                     | 300     | 300                                  | 200            | 200            | 1000             |        |  |
|   | Grand Total                            | 285                              | 135            | 30             | 25               | 71                             | 51             | 23             | 12               | 602   | 66                          | 41             | 15             | 13               | "                            | "              | "              | "                | 5                     | 3              | "              | "                | 7      | 142                         | 285                               | 143            | 38             | 24               | 469                          | 101     | 28                    | 19      | 902                                  | 753            | 428            | 428              | 2056   | 11.08                                      |

*A. C. Swartzwelder*  
Surgeon U.S. Army  
*in charge*  
Dist. La



CR

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~RECEIVED~~  
~~AND~~ FREEDMEN.

Station: *Monroe*  
District of *Louisiana*  
FOR THE  
Week ending *Saturday Feb 23*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



## LIST OF MEDICAL OFFICERS.

| NAME.               | RANK.                    | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.      |
|---------------------|--------------------------|----------------|-----------------------|---|
| <i>S. M. Thuley</i> | <i>a a<br/>Sgt. Life</i> | <i>Nicomie</i> | <i>Present</i>        | <i>Apt com. Vith La<br/>Oct 30 # 1867</i> |

S. M. Kinley  
a Surgeon M.D.  
In charge of Dispensary



REPORT of Sick and Wounded <sup>treated</sup> ~~Refugees and~~ Freedmen, in Quarters, for the week ending Saturday, February 22, 1868.  
 STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>S. M. Wiley</u> | <u>Monroe</u> | <u>4</u>                         | <u>7</u>       | <u>6</u>       | <u>0</u>         | <u>28</u>                      | <u>26</u>      | <u>2</u>       | <u>4</u>         | <u>77</u>                              | <u>29</u>                   | <u>31</u>      | <u>8</u>       | <u>4</u>         |                              |                |                |                  | <u>1</u>              |                |                |                  | <u>1</u> | <u>73</u>                   | <u>2</u>                          | <u>2</u>       | <u>0</u>       | <u>8</u>         |                              |         |                       |         | <u>363</u>                           | <u>308</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>12.97</u>                               |

S. M. Wiley  
 a a Surgeon U. S. a in charge.  
of Dispensary



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

*4<sup>th</sup>* District of *Louisiana*

FOR THE *Feb*  
Week ending *22 January*, 186*8*.

*Return*  
*for each week*

*1868*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.    | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.     |
|---------------|----------|----------|-----------------------|--|
| Le Le Radmore | 1st Surg | Sanchez  | Present               | SO. No. 127. Dist. La. No. 1a            |
| David James   | Steward  | Sanchez  | Present               | 1st Surg E. D. Aug. 1 <sup>st</sup> 1867 |
| Robert Hill   | Steward  | Sanchez  | Present               | 1st Surg E. D. Aug. 1 <sup>st</sup> 1867 |

C. C. Trautman  
Surgeon  
In charge of Hospital



REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Freedmen's Hospital*, for the week ending Saturday, *23<sup>rd</sup> January*, 186*7*.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                      |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm C C Radmore       | Shreveport La          | 13                               | 30             | 22             | 9                | 2                              | 1              | 1              | 1                | 78                                     | 1                           | 1              | 1              |                  |                              |                |                | 1                |                       |                |                | 1                | 4                           | 14                                | 29             | 22             | 9                | 74                           | 26      | 5                     | 3       | 19                                   | 32             | 22             | 9                | 82     | 12   |
|                      | Feb 29                 | 14                               | 29             | 22             | 9                | 1                              | 2              | 1              | 1                | 79                                     | 2                           | 4              | 1              |                  |                              |                |                |                  |                       |                |                | 8                | 13                          | 27                                | 22             | 9              | 71               | 29                           | 5       | 3                     | 18      | 30                                   | 22             | 9              | 79               |        |  |
|                      | March 7                | 13                               | 27             | 22             | 9                | 2                              | 1              | 1              | 1                | 75                                     | 1                           |                |                |                  |                              |                |                |                  |                       |                |                | 1                | 14                          | 28                                | 22             | 10             | 74               | 26                           | 5       | 4                     | 19      | 32                                   | 22             | 10             | 83               |        |  |
|                      | March 14               | 14                               | 28             | 22             | 10               | 1                              |                |                |                  | 75                                     |                             |                |                |                  |                              |                |                | 1                |                       | 1              | 1              | 1                | 15                          | 27                                | 22             | 10             | 74               | 26                           | 5       | 4                     | 20      | 31                                   | 22             | 10             | 83               | 13, 33 |  |
|                      | March 21               | 15                               | 27             | 22             | 10               | 1                              | 1              |                |                  | 76                                     | 1                           | 1              |                |                  |                              |                |                |                  |                       |                |                | 2                | 15                          | 27                                | 22             | 10             | 74               | 26                           | 5       | 4                     | 20      | 31                                   | 22             | 10             | 83               |        |  |
|                      | March 28               | 15                               | 27             | 22             | 10               | 2                              |                |                |                  | 76                                     | 2                           |                | 1              |                  |                              |                |                |                  |                       |                |                | 3                | 15                          | 27                                | 22             | 9              | 73               | 27                           | 5       | 4                     | 20      | 31                                   | 22             | 9              | 82               |        |  |
|                      | April 4 <sup>th</sup>  | 15                               | 27             | 22             | 9                | 1                              |                |                |                  | 74                                     | 1                           |                |                |                  |                              |                |                |                  |                       |                |                | 1                | 16                          | 26                                | 22             | 9              | 73               | 27                           | 5       | 4                     | 21      | 30                                   | 22             | 9              | 82               |        |  |
|                      | April 11 <sup>th</sup> | 16                               | 26             | 22             | 9                | 2                              |                |                | 1                | 76                                     | 1                           | 1              | 1              |                  |                              |                |                |                  |                       |                |                | 3                | 17                          | 26                                | 21             | 9              | 73               | 27                           | 4       | 4                     | 4000    | 3000                                 | 600            | 400            | 8000             |        |  |
|                      | " 18 <sup>th</sup>     | 17                               | 26             | 21             | 9                | 3                              |                |                | 1                | 77                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 20                          | 26                                | 21             | 10             | 77               | 23                           | 4       | 4                     | 4000    | 3000                                 | 600            | 400            | 8000             |        |  |
|                      | " 25 <sup>th</sup>     | 21                               | 26             | 21             | 10               | 3                              | 2              |                |                  | 82                                     | 5                           | 2              | 1              |                  |                              |                |                | 1                |                       | 1              | 9              | 17               | 26                          | 21                                | 9              | 73             | 27               | 4                            | 4       | 4000                  | 3000    | 600                                  | 400            | 8000           | 12, 20           |        |  |
|                      | May 2 <sup>nd</sup>    | 17                               | 26             | 21             | 9                | 1                              | 1              |                |                  | 75                                     | 6                           | 4              | 2              | 1                |                              |                |                | 1                |                       | 1              | 14             | 17               | 23                          | 19                                | 8              | 60             | 39               | 1                            | —       | 4000                  | 3000    | 600                                  | 400            | 8000           | 13, 33           |        |  |
|                      | May 9 <sup>th</sup>    |                                  | 11             | 23             | 19               | 8                              |                |                |                  |  | 61                          | 2              |                |                  |                              |                |                |                  |                       |                |                | 2                | 9                           | 23                                | 19             | 8              | 59               | 41                           | 1       | —                     | 4000    | 3000                                 | 600            | 400            | 8000             |        |  |
| May 16 <sup>th</sup> |                        | 9                                | 23             | 19             | 8                |                                |                |                |                  | 59                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                | 9                | 23                          | 19                                | 8              | 59             | 41               | 1                            | —       | 4000                  | 3000    | 600                                  | 400            | 8000           |                  |        |  |
| May 25 <sup>th</sup> |                        | 9                                | 23             | 19             | 8                | 7                              |                |                |                  | 66                                     | 8                           | 16             | 7              | 16               | 15                           | 3              | 1              |                  |                       |                |                | 66               | Final report                |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |

*C C Radmore*  
*A. A.* Surgeon U. S. a in charge.



OK

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE

Week ending *February 22<sup>nd</sup>, 1868*

REMARKS.

*Recd O. S. 21, 26, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ Freedmen in *Quarters at R. & H. Dispensary*, for the week ending Saturday, *February 22<sup>nd</sup>*, 1868.  
 STATION: *Algiers*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <i>W. H. Riley</i> | <i>Algiers</i> | <i>7</i>                         | <i>2</i>       | <i>4</i>       | <i>1</i>         | <i>12</i>                      | <i>15</i>      | <i>12</i>      | <i>9</i>         | <i>62</i>                              | <i>14</i>                   | <i>13</i>      | <i>10</i>      | <i>8</i>         |                              |                |                |                  |                       |                |                |                  | <i>45</i>                   | <i>5</i>                          | <i>4</i>       | <i>6</i>       | <i>2</i>         |                              |         |                       |         | <i>309</i>                           | <i>309</i>     | <i>200</i>     | <i>209</i>       | <i>1000</i> | <i>1.5</i>                                 |

*W. H. Riley*  
*a a Surgeon U. S. A* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending Feb. 22, 1868

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in *Chalera & P Hospital*, for the week ending Saturday, *Feb 22<sup>d</sup>*, 186*8*.  
STATION: *New Orleans La.*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm M. Miller    | New Orleans La. | 4                                | 2              | 1              | "                | "                              | "              | 1              | "                | 8   | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 4      | 2                           | 2                                 | "              | 8              | 9                | 3                            | 2       | 7                     | 4       | 3                                    | "              | 13.            | "                |        |  |

*Wm M. Miller*  
D.A., Surgeon U. S. A in charge.



WEEKLY REPORT

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OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

New Orleans

District of

Louisiana

FOR THE

Week ending

February 22d, 1868.

REMARKS.

Recd. C. S. in. chf 2.24. 18

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REPORT OF HOSPITAL CHAPLAIN, MEDICAL CADETS, AND HOSPITAL STEWARDS.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 22d, 1868.

1868



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray       | A. A. Surg. U. S. A. | New Orleans La | Present               | Asst. Commr.                         |
| Samuel Angel     | A. A. Surg. U. S. A. | " " "          | "                     | Surgeon in Chief                     |
| W. B. Rohmer     | A. A. Surg. U. S. A. | " " "          | "                     | " " "                                |
| D. Hershey       | A. A. Surg. U. S. A. | " " "          | "                     | Asst. Commr.                         |
| W. M. Miller     | A. A. Surg. U. S. A. | " " "          | "                     | Actg. Surg. in Chief                 |
| Francis Barnes.  | A. A. Surg. U. S. A. | " " "          | "                     | Asst. Commr.                         |
| James H. P. Hise | Surgeon              | New Orleans La | Present               | Actg. Surg. in Chief.                |

W. H. Gray  
 A. A. Surgeon U. S. A.  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded Refugees and Freedmen in Freedmen's Hospital, for the week ending Saturday, February 22<sup>d</sup>, 1868.  
STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                  | STATION.                | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |    |       |   | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------------------|-------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|----|-------|---|--|
|                                  |                         | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |    |       |   |  |
| <u>W. H. Gray, A. A. Surgeon</u> | <u>New Orleans La</u>   |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |    |       |   |  |
|                                  | <u>Marine Hospital</u>  | 221                              | 91             | 5              | 14               | 29                             | 14             | 2              | "                | 376   | 31                          | 11             | "              | "                | "                            | "              | 4              | 2                | "                     | 1              | 49             | 215              | 92                          | 7                                 | 13      | 327   | 61      | 22                           | 124            |                       |                  |                                      |    | 18.62 | ✓ |  |
|                                  | <u>Small Pox Branch</u> | 1                                | "              | 1              | "                | "                              | 1              | 1              | "                | 4   | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 1                | 1                           | 2                                 | "       | 4     | "       | "                            | "              |                       |                  |                                      |    |       |   |  |
|                                  | <u>Cholera Branch</u>   | 9                                | 3              | "              | "                | "                              | "              | "              | "                | 12  | 2                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 2                | 7                           | 3                                 | "       | 10    | 8       | 1                            | 1              |                       |                  |                                      |    |       |   |  |
|                                  | <u>Dependents Home</u>  | 30                               | 10             | "              | "                | "                              | "              | "              | "                | 40  | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 30                          | 10                                | "       | "     | 40      | 10                           | "              | "                     |                  |                                      |    |       |   |  |
|                                  | <u>Total</u>            | 261                              | 104            | 6              | 14               | 29                             | 15             | 3              | "                | 432   | 33                          | 11             | "              | "                | "                            | "              | 4              | 2                | "                     | 1              | 51             | 253              | 106                         | 9                                 | 13      | 381   | 79      | 23                           | 15             | 276                   | 121              | 9                                    | 13 | 16.20 | ✓ |  |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.  
Freedmen's Hospital  
New Orleans



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WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

District of *Louisiana*

FOR THE  
Week ending *22<sup>d</sup> February*, 186*8*.

REMARKS-

*Recd O S in ltr 3.2.68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



66 Radmore

Na Surgeon H. S. A.

*In charge of*

Hospital







*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *February 22*, 1868.

REMARKS-

*Forwarded by*

*A.C. Sargent*  
*Surg-in-Chief*  
*D. C. T. H. S.*  
*Dist. La*

*Forw'd to Genl. M., March 10<sup>th</sup>, 1868*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Assistant Surgeon | New Orleans | Present               | Apt Com's O. 108 Aug 12/67           |
| Samuel Angel     | "                 | "           | "                     | Surg-in-Chief Oct 12/67              |
| W. O. Palmer     | "                 | "           | "                     | " " " Sept 12/67                     |
| David Hursey     | "                 | "           | "                     | Apt Com's O. 127 Oct 18/67           |
| W. M. Miller     | "                 | "           | "                     | Actg Surg-in-Chief Feb 23/68         |
| Francis J. Burns | "                 | "           | "                     | Apt Com's O. 186 Sept 25/68          |
| E. C. Radmore    | "                 | Shreveport  | "                     | Apt Com's O. 127 Oct 19/67           |
| W. H. Riley      | "                 | Algiers     | "                     | Surg-in-Chief Feb 12/67              |
| S. E. McKinley   | "                 | Memph       | "                     | Apt Com's O. 129 Oct 28/67           |
| James A. Wier    | Steward           | New Orleans | Present               | Actg Surg-in-Chief                   |
| David James      | "                 | Shreveport  | "                     | Surg-in-Charge Sept                  |

A. C. Swartzwelder  
Surgeon in Chief

In charge of Bureau of F. and A. S.  
Dist. La.



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *US Freedmen's Hospitals Dispensaries* for the week ending Saturday, *January 22nd*, 1868.

STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|                         |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Total.                       | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| W. H. Gray & A. H. Gray | New Orleans La |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

*A. C. Martyn*  
Surgeon *in chief*  
*R. F. A. D.*  
*Dist. Sec.*



WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*Feb 29<sup>th</sup>*, 186*8*.

REMARKS.

*Recd O S in chf 2.29.68*

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                      | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------------------|----------------|-----------------------|--------------------------------------|
| H. H. Gray       | A.S. Surg. <sup>M.D.</sup> | New Orleans La | Present               | Asst. Commr.                         |
| Lamont Angel     | " " "                      | " " "          | "                     | Surgeon in Chief                     |
| F.B. Rohmer      | " " "                      | " " "          | "                     | " " "                                |
| D. Hershey       | " " "                      | " " "          | "                     | Asst. Commr.                         |
| N.M. Miller      | " " "                      | " " "          | "                     | Adg. Surg. in Chief                  |
| Francis Barnes   | " " "                      | " " "          | "                     | Asst. Commr.                         |
|                  |                            |                |                       |                                      |
| James W.P. Price | Surgeon                    | New Orleans La | Present               | Adg. Surg. in Chief                  |

W. H. Gray  
A. A. Surgeon U. S. A.  
In charge of Freedmen's Hospital  
New Orleans



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, February 29<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.   | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |  |  |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                   |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>T. H. Gray</i> | <i>New Orleans</i> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

T. H. Gray  
 U. S. Surgeon in charge.



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *February 29<sup>th</sup>*, 1868.

*Forwarded by*

*A. C. Spradgelder*  
*Surgeon in Chief*  
*B. A. F. and A. L.*  
*Dist. La*

*Forwarded to C. M. March 14<sup>th</sup> 1868*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of *Refugees* and of *Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.       | STATION.    | PRESENT OR ABSENT. | BY WHAT AUTHORITY PLACED ON DUTY.   |
|----------------|-------------|-------------|--------------------|-------------------------------------|
| W. H. Gray     | St. Surgeon | New Orleans | Present            | Asst. Comdr's O. 108 Aug 12/67      |
| Samuel Angel   | "           | "           | "                  | Surgeon in Chief Oct 12/67          |
| W. B. Rohmer   | "           | "           | "                  | " " " Sept 21/67                    |
| David. Hershby | "           | "           | "                  | Asst. Comdr's O. 127 Oct 10/67      |
| W. M. Miller   | "           | "           | "                  | Actg. Surgeon in Chief Dec 30/67    |
| Francis Barnes | "           | "           | "                  | Asst. Comdr's O. 68 Aug 25/67       |
| C. B. Radmore  | "           | Shreveport  | "                  | Asst. Comdr's O. 127 Oct 10/67      |
| W. H. Riley    | "           | Algiers     | "                  | Surgeon in Chief City 12/67         |
| S. E. McKinley | "           | Memphis     | "                  | Asst. Comdr's O. 129 Oct 28/67      |
| James H. Rice  | Steward     | New Orleans | Present            | Actg. Surgeon in Chief Sept 16/67   |
| David James    | "           | Shreveport  | "                  | Surgeon in Charge Hospital Aug 1/67 |

A. C. Smaragdov

Surgeon in Chief

In charge of

Pureau R. F. and A. L. and  
District



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospital Dispensaries* for the week ending Saturday, *February 29*, 186*8*.  
 STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                                      | STATION.                   | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|--|----------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|  |                            | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| Wm. H. Gray M.D. Surg. New Orleans La.               | Marine Hospital            | 215                              | 92             | 7              | 13               | 32                             | 7              | 2              | 4                | 372                                    | 27                          | 9              | 1              | 1                | "                            | "              | "              | "                | 7                     | "              | "              | "                | 7                           | 45                                | 213          | 90             | 8              | 16                           | 327       | 61                    | 22    | 14                                   |              |                |                |                  |  | 15.82  |
|  | Small Pox Branch           | 1                                | 1              | 2              | "                | 3                              | "              | "              | "                | 7                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 4                                 | 1            | 2              | "              | 7                            | 3         | "                     | "     |                                      |              |                |                |                  |  |        |
|  | Cholera Branch             | 7                                | 3              | "              | "                | "                              | "              | "              | "                | 10                                     | 3                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 4                           | 2                                 | "            | "              | 6              | 7                            | 1         | 1                     |       |                                      |              |                |                |                  |  |        |
|  | Dependents Home            | 30                               | 10             | "              | "                | 9                              | 1              | "              | "                | 41                                     | 2                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 3                           | 28                                | 10           | "              | 38             | 12                           | "         | "                     |       |                                      |              |                |                |                  |  |        |
|  | Total                      | 253                              | 106            | 9              | 13               | 35                             | 8              | 2              | 4                | 430                                    | 32                          | 11             | 1              | 1                | "                            | "              | "              | "                | 7                     | "              | "              | "                | 7                           | 52                                | 249          | 103            | 10             | 16                           | 378       | 83                    | 23    | 15                                   | 272          | 118            | 10             | 16               | 416  | 16.28  |
| C. C. Richmond M.D. Surg. Freedmen Hosp. New Orleans | Freedmen Hosp. New Orleans | 14                               | 29             | 22             | 9                | 1                              | 2              | 1              | 1                | 79                                     | 2                           | 4              | 1              | 1                | "                            | "              | "              | "                | "                     | "              | "              | "                | 8                           | 13                                | 27           | 22             | 9              | 71                           | 29        | 5                     | 3     | 18                                   | 30           | 22             | 9              | 79               |  |        |
| W. H. Riley M.D. Surg. Dispensary Algiers            | Dispensary Algiers         | 3                                | 4              | 6              | 2                | 10                             | 7              | 9              | 8                | 51                                     | 9                           | 9              | 15             | 10               | "                            | "              | "              | "                | "                     | "              | "              | "                | 43                          | 6                                 | 2            | "              | "              | "                            | "         | "                     | "     | 300                                  | 300          | 200            | 200            | 1000             |  |        |
| J. E. M. L. M.D. Surg. Dispensary New Orleans        | Dispensary New Orleans     | 2                                | 2              | "              | "                | 29                             | 30             | 2              | 2                | 67                                     | 31                          | 31             | 2              | 2                | "                            | 1              | "              | "                | "                     | "              | "              | "                | 69                          | "                                 | "            | "              | "              | "                            | "         | "                     | "     | 300                                  | 300          | 200            | 200            | 1000             |  |        |
|  | Grand Total                | 274                              | 141            | 37             | 24               | 75                             | 47             | 14             | 15               | 627                                    | 74                          | 55             | 19             | 14               | "                            | 1              | "              | "                | 7                     | "              | "              | "                | 7                           | 170                               | 265          | 132            | 32             | 25                           | 449       | 112                   | 28    | 18                                   | 290          | 740            | 432            | 425              | 2495                                       | 11.16  |

*A. C. Swartzmiller*  
 Surgeon *in charge*  
*Bureau of Refugees, Freedmen, and Abandoned Lands*  
*Dist. La.*



MARR 167

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *February 29<sup>th</sup>*, 1868.

REMARKS.

*Rec'd - C. M. - Feb 3. 1868*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. ~~In~~ Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *US Beaumont Hospital*, for the week ending Saturday, *29<sup>th</sup> February*, 1868.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.                    | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |           | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|-----------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|-----------|--------------------------------------|----------------|----------------|------------------|-----------|--|
|                      |                             | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.   | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <i>A. A. Surgeon</i> | <i>Beaumont Hospital La</i> | <i>14</i>                        | <i>29</i>      | <i>22</i>      | <i>9</i>         | <i>1</i>                       | <i>2</i>       | <i>1</i>       | <i>1</i>         | <i>79</i>                              | <i>2</i>                    | <i>2</i>       | <i>1</i>       | <i>1</i>         |                              |                |                |                  |                       |                |                |                  | <i>8</i>                    | <i>13</i>                         | <i>27</i>      | <i>22</i>      | <i>9</i>         | <i>71</i>                    | <i>29</i> | <i>5</i>              | <i>23</i> | <i>18</i>                            | <i>30</i>      | <i>22</i>      | <i>9</i>         | <i>79</i> |  |

*A. A. Surgeon*  
*Surgeon U. S. A. in charge.*



OC

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *February 29<sup>th</sup>*, 1868.

REMARKS-

*Read Off Surg in chf 3.21.68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in R & F Dispensary, for the week ending Saturday, February 29<sup>th</sup>, 1868.  
 STATION: Algiers. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                  |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>W H Riley</u> | <u>Algiers</u> | <u>5</u>                         | <u>4</u>       | <u>6</u>       | <u>2</u>         | <u>10</u>                      | <u>7</u>       | <u>9</u>       | <u>8</u>         | <u>57</u>                              | <u>9</u>                    | <u>9</u>       | <u>15</u>      | <u>10</u>        |                              |                |                |                  |                       |                |                |                  |        | <u>43</u>                   | <u>6</u>                          | <u>2</u>       | <u>0</u>       | <u>0</u>         |                              |         |                       |         | <u>340</u>                           | <u>300</u>     | <u>201</u>     | <u>206</u>       | <u>1000</u> | <u>OK</u>                                  |

W H Riley  
a a Surgeon U. S. a in charge.



OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *Saturday Feb 29*, 186*8*

REMARKS.

*One on this report inserted  
as transferred, is Sassy McCants,  
aged 17 - with no original fever.  
Transportation from here to St. L. has  
been applied for by the Sub apt Com.  
S. C. Local, Stationed here.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Memphis*

District of *Louisiana*

FOR THE

Week ending *Saturday Sept 29, 1865*

*Clinical Notes - 6410 - 2-1865*

REMARKS.

One on this report inserted as transferred, is Sally McCants, aged 17 - with urethra vaginal fistula. Transportation from here to A.D. has been applied for by the Sub apt Comr, S. C. Todd, Stationed here.



## LIST OF MEDICAL OFFICERS.

| NAME.                | RANK.          | STATION.                   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.                        |
|----------------------|----------------|----------------------------|-----------------------|---|
| <i>S. M. Tinsley</i> | <i>act apt</i> | <i>Eng'g &amp; Machine</i> | <i>Present</i>        | <i>Apt Comm. Dist Ca</i><br><i>Oct 26<sup>th</sup> 1867</i> |

S. M. Winley  
a a Surgeon afa  
In charge of Dispensary



REPORT of Sick and Wounded <sup>located</sup> ~~Refugees and Freedmen~~ in quarters, for the week ending Saturday, February 29, 1868.  
 STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|-------------|--|
|                     |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Total.                       | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. | Total.      |  |
| <u>S. M. Finley</u> | <u>Monroe</u> | <u>2</u>                         | <u>2</u>       | <u>0</u>       | <u>0</u>         | <u>29</u>                      | <u>30</u>      | <u>2</u>       | <u>2</u>         | <u>67</u>                              | <u>31</u>                   | <u>31</u>      | <u>2</u>       | <u>2</u>         | <u>1</u>                     |                |                |                  |                       | <u>0</u>       | <u>0</u>       | <u>0</u>         | <u>0</u>                    | <u>67</u>                         | <u>0</u>       | <u>0</u>       | <u>0</u>         | <u>0</u>                     |           |                       |       |                                      | <u>500</u>   | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1200</u> | <u>0.05</u>                                |

S. M. Finley  
 a a Surgeon U. S. a in charge.  
of Dispensary



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La*

District of *Quincy*

FOR THE  
Week ending *Feb 29*, 186 *8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *Sat March 7*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*

*Recd O.S. in-chf 3.19. 68*



## LIST OF MEDICAL OFFICERS.

| NAME.               | RANK.                         | STATION.      | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.            |
|---------------------|-------------------------------|---------------|-----------------------|---|
| <i>S. M. Tinley</i> | <i>a a</i><br><i>Engineer</i> | <i>Mormon</i> | <i>Present</i>        | <i>Apst. Com. Dist La</i><br><i>Oct 20 1867</i> |

*B. M. Wiley*  
a a Surgeon *U.S.A.*  
In charge of *Dispensary*







WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisa*

FOR THE  
Week ending *March 7<sup>th</sup>*, 1868.

REMARKS-

*Rec'd O.S. m. ch 3. 7. 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *R & F Dispensary*, for the week ending Saturday, *March 7th*, 1868.  
STATION: *Algiers*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.                      | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <i>W. H. Riley</i> | <i>Algiers</i> | 0                                | 2              | 0              | 0                | 17                             | 12             | 12             | 4                | 53                                     | 15                          | 10             | 10             | 2                |                              |                |                |                  | 1                     | 1              | 38             | 8                | 4                           | 1                                 | 2              |                |                  |                              |         |                       |         | 300                                  | 300            | 200            | 200              | 1000   | 48.87                                      |

*W. H. Riley*  
a a Surgeon U. S. a in charge.



OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *March 7<sup>th</sup>*, 1868.

REMARKS.

*Recd O. S. in - chf 3.14.68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Louisiana Hospital*, for the week ending Saturday, *March 7<sup>th</sup>*, 1868.  
 STATION: *Shreveport*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| STATION.        |                            | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF WRITER. | STATION.                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A. A. Sang      | 66 Radmore Shroepport. La. | 103                              | 27             | 22             | 9                | 2                              | 1              |                | 1                | 75                                     | 1                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*C. C. Radmore*  
 U. S. Surgeon U. S. A. in charge.



OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *March 7<sup>th</sup>*, 1868.

REMARKS.

*Rec'd O S in com 3<sup>rd</sup> 7. 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.                 | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|-----------------------|----------------|-----------------------|--------------------------------------|
| R. H. Gray     | A. S. Surg. U. S. A.  | New Orleans La | Present               | Asst. Commr                          |
| Samuel Angel   | " " "                 | " " "          | "                     | Surgeon in Chief                     |
| H. B. Palmer   | " " "                 | " " "          | "                     | " " "                                |
| D. Hershey     | " " "                 | " " "          | "                     | Asst Commr                           |
| W. M. Miller   | " " "                 | " " "          | "                     | Actg Surg. in Chief                  |
| Francis Barnes | " " "                 | " " "          | "                     | Asst Commr                           |
| James H. Price | Lieut. New Orleans La | Present        | Actg Surg. in Chief   |                                      |

W. H. Gray  
 A. S. Surgeon U. S. A.  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Tredwell's Hospital, for the week ending Saturday, March 7<sup>th</sup>, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                           | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>W. H. Gray, A. A. Surgeon U. S. A.</u> | <u>New Orleans La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *March 7<sup>th</sup>*, 1868.

*Forwarded by*

*A. C. Grantzfelder*  
*Surgeon-in-Chief*  
*P. R. T. and A. H. H.*  
*Dist. La.*

*Forwarded to C. M. March 20<sup>th</sup>*  
*1868*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.             | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------|-------------------|-------------|-----------------------|--------------------------------------|
| W. H. Gray        | Assistant Surgeon | New Orleans | Present               | Asst Comd'g S.O. 108 Aug '67.        |
| Samuel Angel      | "                 | "           | "                     | Surgeon in Charge Oct '65            |
| W. D. Rohmer      | "                 | "           | "                     | " " " Sept '67.                      |
| David Hershby     | "                 | "           | "                     | Asst Comd'g S.O. 127 Oct '67.        |
| W. M. Miller      | "                 | "           | "                     | Actg Surgeon in Charge Nov '67.      |
| Francis Evans     | "                 | "           | "                     | Asst Comd'g S.O. 1565 Aug '68        |
| C. E. Rodmore     | "                 | Shreveport  | "                     | Asst Comd'g S.O. 127 Oct '67.        |
| W. H. Riley       | "                 | Algiers     | "                     | Surgeon in Charge July '67.          |
| S. E. McKinley    | "                 | Mexico      | "                     | Asst Comd'g S.O. 129 Oct '67.        |
| James H. P. M. is | Steward           | New Orleans | Present               | Actg Surgeon in Charge Oct '67.      |
| David James       | "                 | Shreveport  | "                     | Surgeon in Charge Aug '67.           |

A. C. Smartgarden

Surgeon in Chief

In charge of

Bureau of P. & S. Funds  
District



# LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Assistant Surgeon | New Orleans | Present               | Act. Com. S.O. 108 Aug. 12/67.       |
| Samuel Angel     | "                 | "           | "                     | Surgeon in Chief Oct. 12/65.         |
| W. D. Rohrer     | "                 | "           | "                     | " " " Sept. 21/67.                   |
| David Hershby    | "                 | "           | "                     | Act. Com. S.O. 127 Oct. 18/67.       |
| W. M. Miller     | "                 | "           | "                     | Act. Surgeon in Chief Nov. 30/67.    |
| Francis Burns    | "                 | "           | "                     | Act. Com. S.O. 1865 Jan. 25/68.      |
| C. C. Rodmore    | "                 | Shreveport  | "                     | Act. Com. S.O. 127 Oct. 18/67.       |
| W. H. Riley      | "                 | Algiers     | "                     | Surgeon in Chief Feb. 12/67.         |
| S. E. McKinley   | "                 | Memphis     | "                     | Act. Com. S.O. 129 Oct. 28/67.       |
| James H. P. Nier | Steward           | New Orleans | Present               | Act. Surgeon in Chief Feb. 11/67.    |
| David James      | "                 | Shreveport  | "                     | Surgeon in Charge Feb. Aug. 1/67.    |

A. C. Smartzordely  
Surgeon in Chief

In charge of Bureau of Health and Quarantine  
District



Consolidated

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen's Hospital Dispensaries* for the week ending Saturday, *March 7th*, 1868.

STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.            | STATION.            | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED<br>DURING THE<br>WEEK. |                |                |                  | TRANSFERRED<br>DURING THE<br>WEEK. |                |                |                  | DIED DURING THE<br>WEEK. |                |                |                  |        | TOTAL LOSS DURING<br>THE WEEK. | REMAINING AT<br>DATE OF THIS<br>REPORT. |                |                |                  | NUMBER OF BEDS<br>FOR PATIENTS. |         | NUMBER OF<br>ATTENDANTS. |         | TOTAL NUMBER UNDER<br>CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF<br>DEATHS DURING THE<br>WEEK. |       |
|----------------------------|---------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------------|----------------|----------------|------------------|------------------------------------|----------------|----------------|------------------|--------------------------|----------------|----------------|------------------|--------|--------------------------------|---|----------------|----------------|------------------|---------------------------------|---------|--------------------------|---------|---|----------------|----------------|------------------|--------|--|-------|
|                            |                     | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                      | Adult females. | Male children. | Female children. | Adult males.                       | Adult females. | Male children. | Female children. | Adult males.             | Adult females. | Male children. | Female children. | Total. |                                | Adult males.                            | Adult females. | Male children. | Female children. | Occupied.                       | Vacant. | Male.                    | Female. | Adult males.                            | Adult females. | Male children. | Female children. | Total. |  |       |
| H. H. Gray, M.D., Surg.    | New Orleans La      |                                  |                |                |                  |                                |                |                |                  |   |                                   |                |                |                  |                                    |                |                |                  |                          |                |                |                  |        |                                |   |                |                |                  |                                 |         |                          |         |   |                |                |                  |        |  |       |
|                            | Warrior Hospital    | 213                              | 90             | 8              | 16               | 17                             | 11             | "              | 2                | 357   | 20                                | 10             | 2              | "                | "                                  | "              | "              | "                | 2                        | 1              | "              | 3                | 35     | 210                            | 84                                      | 5              | 18             | 322              | 66                              | 22      | 14                       |         |   |                |                |                  |        | 8.40   |       |
|                            | Small Pop Branch    | 4                                | 1              | 2              | "                | "                              | "              | "              | "                | 7   | "                                 | "              | "              | "                | "                                  | "              | "              | 1                | "                        | "              | "              | 1                | 1      | 3                              | 1                                       | 2              | "              | 6                | 4                               | "       | "                        |         |   |                |                |                  |        | 142.86   |       |
|                            | Chloro Branch       | 4                                | 2              | "              | "                | "                              | "              | "              | "                | 6   | 1                                 | 1              | "              | "                | "                                  | "              | "              | 1                | "                        | "              | "              | "                | 2      | 3                              | 1                                       | "              | "              | 4                | 9                               | 1       | 1                        |         |   |                |                |                  |        |  |       |
|                            | Dependent Home      | 28                               | 10             | "              | "                | "                              | "              | "              | "                | 38  | "                                 | "              | "              | "                | "                                  | "              | "              | "                | "                        | "              | "              | "                | 11     | 28                             | 10                                      | "              | "              | 38               | 12                              | "       | "                        |         |   |                |                |                  |        |  |       |
|                            | Total               | 249                              | 103            | 19             | 16               | 17                             | 11             | "              | 2                | 408   | 21                                | 11             | 2              | "                | "                                  | "              | "              | 1                | 2                        | 1              | "              | 4                | 38     | 244                            | 101                                     | 7              | 18             | 370              | 95                              | 23      | 15                       | 267     | 116                                     | 7              | 18             | 408              |        | 96.05  |       |
| C. C. Radmore, M.D., Surg. | Freedmen's Hospital | 13                               | 27             | 22             | 9                | 2                              | 1              | "              | 1                | 75  | 1                                 | "              | "              | "                | "                                  | "              | "              | "                | "                        | "              | "              | "                | 1      | 14                             | 28                                      | 22             | 10             | 74               | 26                              | 5       | 4                        | 19      | 32                                      | 22             | 10             | 83               |        |  |       |
| H. H. Riley, M.D., Surg.   | Dispensary Office   | 6                                | 2              | "              | "                | 17                             | 12             | 12             | 4                | 53  | 15                                | 10             | 10             | 2                | "                                  | "              | "              | "                | "                        | 1              | "              | 1                | 38     | 8                              | 4                                       | 1              | 2              | "                | "                               | "       | "                        | 300     | 300                                     | 200            | 200            | 1000             |        | 218.87   |       |
| S. C. McKee, M.D., Surg.   | Dispensary Office   | "                                | "              | "              | "                | 25                             | 19             | 3              | 4                | 46  | 16                                | 18             | 3              | 3                | "                                  | "              | "              | "                | "                        | "              | "              | "                | 40     | 4                              | 1                                       | "              | 1              | "                | "                               | "       | "                        | 300     | 300                                     | 200            | 200            | 1000             |        |  |       |
|                            | Grand Total         | 266                              | 132            | 32             | 25               | 36                             | 23             | 15             | 11               | 582   | 38                                | 21             | 15             | 5                | "                                  | "              | "              | "                | 1                        | 2              | 2              | "                | 5      | 117                            | 270                                     | 134            | 34             | 31               | 444                             | 117     | 28                       | 19      | 886                                     | 748            | 429            | 428              | 2491   |  | 86.59 |

*A. C. Smyth, M.D., Chief*  
Surgeon *U.S. Freedmen's Hospital*  
Bureau of Refugees, Freedmen, and Abandoned Lands  
Dist. La.



MAR 19 1868

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending March 14, 1868.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in *Cholera R. S. P. Hospital*, for the week ending Saturday, *March 14*, 1868.  
STATION: *New Orleans, La.*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. M. Miller    | New Orleans, La. | 5                                | 3              | 2              | "                | "                              | "              | "              | "                | 9                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 5      | 2                           | 2                                 | "              | 9              | 8                | 2                            | 2       | 1                     | 4       | 2                                    | "              | 13             | "                |        |  |

*W. M. Miller*  
A. A. Surgeon U. S. A in charge.



WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *Saturday March 14*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*











OK

WEEKLY REPORT

OF

SICK AND WOUNDED, ~~INDIGENTS~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE

Week ending *March 14th*, 186*8*.

REMARKS-

*Recd O. S. in dpt. 14. 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND FREEDMEN.~~

Station:

*Greenville*4<sup>th</sup>  
District of*Louisiana*

FOR THE

Week ending

*March 14<sup>th</sup>*

, 1868.

REMARKS.

*Recd O. O. in - aff 3, 20, 68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Freedmen's Hospital*, for the week ending Saturday, *14<sup>th</sup> March*, 1868.

STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                  | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------------------|-----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|----------|--------------------------------------|----------------|----------------|------------------|-----------|--|
|                                  |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <i>W. W. Surg. C. B. Radmore</i> | <i>Shreveport La.</i> | <i>14</i>                        | <i>38</i>      | <i>22</i>      | <i>10</i>        | <i>1</i>                       |                |                |                  | <i>75</i>                              |                             |                |                |                  |                              |                |                |                  | <i>1</i>              |                |                |                  | <i>1</i> | <i>1</i>                    | <i>15</i>                         | <i>27</i>      | <i>22</i>      | <i>10</i>        | <i>74</i>                    | <i>26</i> | <i>5</i>              | <i>4</i> | <i>20</i>                            | <i>31</i>      | <i>22</i>      | <i>10</i>        | <i>83</i> | <i>13.3</i>                                |

*C. B. Radmore*

*U. S. A. Surgeon U. S. A. in charge.*



OK

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *March 14<sup>th</sup>*, 186*8*.

REMARKS

*Recd O.S. in-chf 3, 14, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.           | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------------|----------------|-----------------------|--------------------------------------|
| F. H. Gray.      | A. S. Surgt. M. | New Orleans La | Present               | Asst Commr                           |
| Samuel Angel     | " " "           | " " "          | "                     | Surg - in-Chief.                     |
| W. B. Rohmer     | " " "           | " " "          | "                     | " " "                                |
| D. Kershup       | " " "           | " " "          | "                     | Asst Commr                           |
| W. M. Miller     | " " "           | " " "          | "                     | Actg Surg in Chief                   |
| Francis Barnes   | " " "           | " " "          | "                     | Asst Commr                           |
| James H. O'Keefe | Steward         | New Orleans La | Present               | Actg Surg - in-Chief                 |

W. H. Hurray  
a. a. Surgeon USA  
In charge of Freedmen's Hospital  
New Orleans  
La.



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedmen Hospital, for the week ending Saturday, March 14<sup>th</sup>, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                   | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|-----------------------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|                                   |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| R. H. Gray A. A. Surgeon U. S. A. | New Orleans, La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  | OR     |
|                                   | Marine Hospital  | 210                              | 89             | 5              | 18               | 26                             | 5              | "              | "                | 353                                    | 49                          | 9              | 1              | 1                | "                            | "              | "              | "                | 2                     | 1              | "              | "                | 3                           | 63                                | 185          | 84             | 4              | 17                           | 290       | 98                    | 22    | 14                                   |              |                |                |                  | 8.57 ✓                                     |        |
|                                   | S. P. Branch     | 3                                | 1              | 2              | "                | "                              | "              | "              | "                | 6                                      | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | 2            | 1              | 2              | "                            | 5         | 5                     | "     | "                                    |              |                |                |                  |  |        |
|                                   | Cholera Branch   | 3                                | 1              | "              | "                | "                              | "              | "              | "                | 4                                      | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | 2            | 1              | "              | 3                            | 10        | 1                     | 1     |                                      |              |                |                |                  |  |        |
|                                   | Dependent's Home | 28                               | 10             | "              | "                | "                              | "              | "              | "                | 38                                     | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | 1                                 | 27           | 10             | "              | 37                           | 13        | "                     | "     |                                      |              |                |                |                  |  |        |
|                                   | Total.           | 244                              | 101            | 7              | 18               | 26                             | 5              | "              | "                | 401                                    | 52                          | 9              | 1              | 1                | "                            | "              | "              | "                | 2                     | 1              | "              | "                | 3                           | 66                                | 216          | 96             | 6              | 17                           | 335       | 126                   | 23    | 18                                   | 239          | 111            | 6              | 17               | 373  | 7.48 ✓ |

W. H. Gray  
A. S. Surgeon U. S. A. in charge.  
Freedmen Hospital  
New Orleans, La.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *March 14<sup>th</sup>*, 1868.

REMARKS.

*Forwarded by*  
*A. C. Brachmiller*  
*Surgeon in Chief*  
*Bureau of Dist. La*

*Forwarded to G. M. March 21<sup>st</sup>, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.                     | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------------------------|------------|-----------------------|--------------------------------------|
| W. H. Gray       | 1st Surg M.A. New Orleans | Present    |                       | Asst. Comd'g S.O. 108 Aug 12/67      |
| Samuel Angel     | "                         | "          | "                     | Surgeon in Chief Oct 12/67           |
| W. S. Rehner     | "                         | "          | "                     | " " " Sept 21/67                     |
| David Hursey     | "                         | "          | "                     | Asst. Comd'g S.O. 127 Oct 18/67      |
| W. M. Miller     | "                         | "          | "                     | Acty Surg in Chief Nov 30/67         |
| Francis Barnes   | "                         | "          | "                     | Asst. Comd'g S.O. 18 U.S. Jay 25/67  |
| W. B. Redmon     | "                         | Shreveport | "                     | Asst. Comd'g S.O. 127 Oct 18/67      |
| W. H. Riley      | "                         | Algiers    | "                     | Surgeon in Chief July 12/67          |
| S. E. McKinley   | "                         | Memphis    | "                     | Asst. Comd'g S.O. 129 Oct 28/67      |
| James H. P. Wier | Steward New Orleans       | Present    |                       | Acty Surg in Chief Sept 11/67        |
| David James      | "                         | Shreveport | "                     | Surg in Charge Sept Aug 67           |

A. C. Smutzmiller

Surgeon in Chief

In charge of

Bureau R. Field A. L.

Dist. Sec.



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *C. and S. Hospital* for the week ending Saturday, *March 14*, 1868.  
 STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.             | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |
|------------------------|----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|
|                        |                      | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |
| W. H. Gray, A. Surg.   | New Orleans La.      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                        | Marine Hospital      | 210                              | 89             | 5              | 18               | 26                             | 5              | "              | "                | 353                                    | 49                          | 9              | 1              | 1                | "                            | "              | "              | "                | 2                     | 1              | "              | "                | 3      | 63                          | 18                                | 84             | 4              | 17               | 290                          | 48      | 22                    | 14      |                                      |                |                |                  |        |  | 28.50 |
|                        | Small Pox Branch     | 3                                | 1              | 2              | "                | "                              | "              | "              | "                | 6                                      | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 1                           | 2                                 | 1              | 2              | "                | 5                            | 5       | "                     | "       |                                      |                |                |                  |        |  |       |
|                        | Cholera Branch       | 3                                | 1              | "              | "                | "                              | "              | "              | "                | 4                                      | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 1                           | 2                                 | 1              | "              | "                | 3                            | 10      | 1                     | 1       |                                      |                |                |                  |        |  |       |
|                        | Dependent Cases      | 28                               | 10             | "              | "                | "                              | "              | "              | "                | 38                                     | 1                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 1                           | 29                                | 10             | "              | "                | 37                           | 12      | "                     | "       |                                      |                |                |                  |        |  |       |
|                        | Total                | 244                              | 101            | 7              | 18               | 26                             | 5              | "              | "                | 401                                    | 52                          | 9              | 1              | 1                | "                            | "              | "              | "                | 2                     | 1              | "              | "                | 3      | 66                          | 21                                | 96             | 6              | 17               | 335                          | 126     | 23                    | 15      | 239                                  | 111            | 6              | 17               | 373    | 7.48                                       |       |
| G. L. Radwin, A. Surg. | French Camp Hospital | 14                               | 28             | 22             | 10               | 1                              | "              | "              | "                | 75                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | 1                     | "              | "              | "                | 1      | 1                           | 15                                | 27             | 22             | 10               | 74                           | 26      | 5                     | 4       | 203                                  | 122            | 10             | 83               | 13.33  |  |       |
| H. C. Riley, A. Surg.  | Dispensary Algiers   | 8                                | 4              | 1              | 2                | 20                             | 21             | 7              | 1                | 64                                     | 21                          | 19             | 6              | 3                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 4                           | 9                                 | 7              | 6              | 2                | "                            | "       | "                     | "       | "                                    | 300            | 300            | 200              | 1000   |  |       |
| S. E. McQuay, A. Surg. | Dispensary Monroe    | 4                                | 1              | "              | 1                | 59                             | 50             | 8              | 14               | 137                                    | 57                          | 35             | 7              | 15               | "                            | "              | "              | "                | "                     | "              | "              | "                | 117    | 6                           | 3                                 | 1              | "              | "                | "                            | "       | "                     | "       | 300                                  | 300            | 200            | 1000             |        |  |       |
|                        | Grand Total          | 270                              | 134            | 80             | 31               | 106                            | 76             | 15             | 15               | 677                                    | 130                         | 66             | 14             | 19               | "                            | "              | "              | "                | 2                     | 2              | "              | "                | 4      | 243                         | 244                               | 142            | 31             | 27               | 409                          | 162     | 28                    | 19      | 659                                  | 742            | 424            | 429              | 2456   | 5.90                                       |       |

*A. C. Smithwelder*  
 Surgeon U. S. *in charge*  
 Bureau of Refugees, Freedmen, and Abandoned Lands  
*Dist. La.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*Mobile*

District of

*Louisiana*

FOR THE

Week ending

*Saturday Nov<sup>21</sup> 1868*

REMARKS.

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Rec'd Off Surg chief March 27/68*



Wm. H. Wiley  
aa Surgeon ufa  
In charge of Dispensary



REPORT of Sick and Wounded <sup>treated</sup> ~~Refugees~~ and Freedmen in <sup>Quarters</sup> , for the week ending Saturday, March 21<sup>st</sup>, 1868.  
STATION: Monroe , DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |                      | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|----------------------|--|
|                     |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.               |  |
| <i>Wm. M. McKim</i> | <i>Monroe La</i> | 6                                | 13             | 1              | 0                | 52                             | 66             | 3              | 6                | 147                                    | 45                          | 49             | 3              | 6                | 0                            | 0              | 0              | 2                | 1                     | 0              | 0              | 3                | 106    | 11                          | 29                                | 1              | 0              |                  |                              |         |                       | 367     | 367                                  | 267            | 267            | 1407             | <i>OK</i><br>25:4080 |  |

*Wm. M. McKim*  
aa Surgeon U. S. a in charge.  
*of Responson*



## WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*New Orleans La*

District of

*Louisiana*

FOR THE

Week ending

*March 21<sup>st</sup>*

, 186-8.

REMARKS.

## DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in Cholera and S. P. Hospital, for the week ending Saturday, March 21<sup>st</sup>, 1868.

STATION: New Orleans La., DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |   |   |   | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---|---|---|--|
|                 |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |   |   |   |  |
| J. H. Miller    | New Orleans La | 5                                | 2              | 2              | "                | 1                              | 1              | "              | "                | 11                                     | 1                           | 1              | 1              | "                | 1                            | "              | "              | "                | 0                     | "              | "              | 4                | 4                           | 2                                 | 1       | "     | 7       | 10                           | 0              | 2                     | 8                | 4                                    | 1 | " | " |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |
|                 |                |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |         |       |         |                              |                |                       |                  |                                      |   |   |   |  |

Wm. M. Miller

A. A. Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *March 21<sup>st</sup>*, 186*8*

REMARKS-

*Recd. A.S. in-chief. March 24<sup>th</sup> 68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.     | RANK. | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-----------|-------|----------|-----------------------|--------------------------------------|
| W H Riley | AAS.  | Algiers  | Present               | Chief Mes Office<br>Feb 12th 67      |

W H Rely  
aa Surgeon USA  
In charge of R & F Dispensary



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in R & L Dispensary, for the week ending Saturday, March 21<sup>st</sup>, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W. H. Riley     | Algiers  | 7                                | 6              | 2              | 0                | 22                             | 30             | 12             | 19               | 98                                     | 21                          | 27             | 7              | 15               |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. H. Riley  
aa Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

District of

FOR THE

Week ending March 21<sup>st</sup>, 1868.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

Rec<sup>d</sup> Office of Surg in ch March 20, 68.  
" 2<sup>nd</sup> line " " April 23/68

*Admission to David's room. Steward now discharged March 15, 1868.  
at his own request.  
Robert Abel now employed as Steward March 16, 1868.  
to enter the place of the former.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

District of

FOR THE

Week ending

March 21<sup>st</sup>, 1868.

REMARKS.

*Abolished the David James Steward was discharged March 15, 1868  
at his own request.  
Robert Abel was employed as Steward March 16, 1868.  
to take the place of the former.*

*Rec Office of Surgeon in Chief March 20, 68.  
" 2 line " " April 2, 68*







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *W. Freedmen Hospital*, for the week ending Saturday, *21<sup>st</sup> March*, 1868.  
 STATION: *Shreveport* 7<sup>th</sup> DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                    | STATION.             | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |           | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------------------|----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|----------|--------------------------------------|----------------|----------------|------------------|-----------|--|
|                                    |                      | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.    |  |
| <i>A. A. Surgeon L. B. Packman</i> | <i>Shreveport La</i> | <i>15</i>                        | <i>27</i>      | <i>22</i>      | <i>10</i>        | <i>1</i>                       | <i>1</i>       |                |                  | <i>76</i>                              | <i>1</i>                    | <i>1</i>       |                |                  |                              |                |                |                  |                       |                |                |                  | <i>2</i>                    | <i>15</i>                         | <i>27</i>      | <i>22</i>      | <i>10</i>        | <i>74</i>                    | <i>26</i> | <i>5</i>              | <i>4</i> | <i>20</i>                            | <i>31</i>      | <i>22</i>      | <i>10</i>        | <i>83</i> | <i>OK</i>                                  |

*L. B. Packman*  
*A. A.* Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *March 21<sup>st</sup>*, 186*7*.

REMARKS.

*Recd. O. S. Chief March 21<sup>st</sup>, 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.           | RANK.            | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-----------------|------------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray      | Ad. Surg. U.S.A. | New Orleans La | Present               | Asst. Commr.                         |
| Samuel Angel    | "                | "              | "                     | Surgeon-in-Chief                     |
| W. B. Bohmer    | "                | "              | "                     | " " "                                |
| David Hershey   | "                | "              | "                     | Asst. Commr.                         |
| W. M. Miller    | "                | "              | "                     | Actg. Surg.-in-Chf.                  |
| Francis Barnes  | "                | "              | "                     | Asst. Commr.                         |
| James H. O'Hare | Lieut.           | New Orleans La | Present               | Actg. Surg.-in-Chf.                  |

W. H. Gray  
 A. A. Surgeon U.S.A.  
 In charge of Freedmen's Hospital,  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Tredwell Hospital, for the week ending Saturday, March 21st, 1868.  
STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                        | STATION.                         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|  |                                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| <u>W. H. Gray A. A. Surg. U. S. A.</u> | <u>New Orleans</u><br><u>La.</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

W. Melway  
A. A. Surgeon U. S. A. in charge.



Consolidated  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: New Orleans

District of Louisiana

FOR THE

Week ending March 21<sup>st</sup> 1868

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

Forwarded by

A. C. Strydomelder  
Surgeon-in-Chief  
P. A. Fort Mc  
Dist. La.

Forwarded to H. M. April 28<sup>th</sup>, 1868



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.        | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|--------------|------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surgeon | St. Louis  | Present               | Asst Comd'g S.O. 108 Aug 1867        |
| Samuel Angel     | "            | "          | "                     | Surgeon in Chief Oct 1865            |
| W. D. Palmer     | "            | "          | "                     | " " " Sept 21/67                     |
| David. Barclay   | "            | "          | "                     | Asst Comd'g S.O. 127, Oct 1867       |
| W. M. Miller     | "            | "          | "                     | Actg Surg in Chief Nov 1867          |
| Francis Jones    | "            | "          | "                     | Asst Comd'g S.O. 1843, Jan 25/68     |
| C. C. Radmore    | "            | Shenandoah | "                     | Asst Comd'g S.O. 127, Oct 1867       |
| W. H. Riley      | "            | Albany     | "                     | Surgeon in Chief July 1867           |
| S. E. McKinley   | "            | Marine     | "                     | Asst Comd'g S.O. 129, Oct 28/67      |
| James B. P. Wier | Steward      | St. Louis  | Present               | Actg Surg in Chief Sept 1867         |
| David Jones      | "            | Shenandoah | "                     | Surg in Charge of Aug 1867           |

A. C. Sargis

Surgeon in Chief

In charge of

Barman R. H. L.

Dist. L.



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *N. S. Freedmen Hospital, Dispersary*, for the week ending Saturday, *March 21<sup>st</sup>*, 1868..

STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                    | STATION.                         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------------------|----------------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                                    |                                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <i>H. H. Gray, A. A. Surg.</i>     | <i>New Orleans La</i>            |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                                    | <i>Marine Hospital</i>           | 185                              | 84             | 4              | 17               | 24                             | 10             | 1              | 1                | 326                                    | 21                          | 4              |                |                  |                              |                |                |                  | 1                     | 2              | 1              |                  | 4                           | 30                                | 187            | 88             | 3                | 18                           | 296     | 92                    | 22      | 14                                   |                |                |                  |        | 12,27                                      |
|                                    | <i>Small Pox Branch</i>          | 2                                | 1              | 2              |                  |                                |                |                |                  | 5                                      | 1                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  | 3                           | 1                                 | 1              |                |                  | 2                            | 8       |                       |         |                                      |                |                |                  |        |  |
|                                    | <i>Cholera Branch</i>            | 2                                | 1              |                |                  |                                |                |                |                  | 3                                      |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 2                                 | 1              |                |                  | 3                            | 10      | 1                     | 1       |                                      |                |                |                  |        |  |
|                                    | <i>Defuncts Room</i>             | 27                               | 10             |                |                  |                                |                |                |                  | 37                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 27                                | 10             |                |                  | 37                           | 18      |                       |         |                                      |                |                |                  |        |  |
|                                    | <i>Total</i>                     | 216                              | 96             | 4              | 17               | 24                             | 10             | 1              | 1                | 371                                    | 22                          | 5              | 1              |                  |                              |                |                | 1                | 2                     | 1              |                | 4                | 33                          | 217                               | 99             | 4              | 18               | 338                          | 128     | 23                    | 15      | 240                                  | 114            | 4              | 18               | 376    | 210,80                                     |
| <i>L. C. Radmore, A. A. Surg.</i>  | <i>Freedmen Hospital Memphis</i> | 75                               | 27             | 22             | 10               | 1                              | 1              |                |                  | 76                                     | 1                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  | 2                           | 15                                | 27             | 22             | 10               | 74                           | 26      | 5                     | 4       | 20                                   | 31             | 22             | 10               | 83     |  |
| <i>H. C. Kelly, A. A. Surg.</i>    | <i>Dispersary Algiers</i>        | 7                                | 6              | 2              |                  | 22                             | 80             | 12             | 19               | 98                                     | 21                          | 27             | 7              | 15               |                              |                |                |                  |                       |                |                |                  | 70                          | 8                                 | 9              | 7              | 4                |                              |         |                       |         |                                      |                |                |                  |        | 300 300 300 300 1000                       |
| <i>S. E. McKenney, A. A. Surg.</i> | <i>Dispersary Monroe</i>         | 6                                | 13             | 1              | 0                | 52                             | 66             | 8              | 6                | 147                                    | 45                          | 49             | 3              | 6                |                              |                |                |                  | 2                     | 1              |                |                  | 3                           | 106                               | 14             | 29             | 10               |                              |         |                       |         |                                      |                |                |                  |        | 300 300 300 300 1000 20,408                |
|                                    | <i>Grand Total</i>               | 244                              | 142            | 31             | 27               | 99                             | 187            | 16             | 26               | 692                                    | 89                          | 82             | 11             | 21               |                              |                |                | 1                | 3                     | 3              | 1              | 7                | 211                         | 257                               | 164            | 34             | 92               | 712                          | 149     | 28                    | 19      | 860                                  | 745            | 426            | 428              | 2459   | 10,116                                     |

*A. C. Schwartzmelder*  
 Surgeon U. S. *in charge*  
 Bureau of Refugees, Freedmen, and Abandoned Lands  
 Dist. Sur.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE  
Week ending *Sat March 28<sup>th</sup>*, 1868.

REMARKS.

*Rec'd Office Surg chf March 31, '68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded <sup>Isolated</sup> Refugees and Freedmen in <sup>Quarters</sup> , for the week ending Saturday, March 30<sup>th</sup>, 1868.  
 STATION: Monroe . DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                     |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <i>W. M. Willey</i> | <i>Monroe</i> | 11                               | 29             | 1              | 8                | 41                             | 49             | 8              | 2                | 141                                    | 45                          | 77             | 9              | 2                | 1                            | 0              | 0              | 0                | 0                     | 0              | 0              | 0                | 133                         | 7                                 | 1              | 0              | 0                |                              |         |                       |         | 298                                  | 208            | 208            | 208              | 1221   | <i>OK</i>                                  |

*W. M. Willey*  
 U. S. Surgeon U. S. a in charge.  
*of Dispensary*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: Algiers  
District of Louisiana

FOR THE  
Week ending March 28<sup>th</sup>, 1868.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.     | RANK.  | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.         |
|-----------|--------|----------|-----------------------|--|
| W H Riley | A.A.S. | Algiers  | Present               | Chief Med Officer<br>Feb 12 <sup>th</sup> 67 |

W H Riley  
a a Surgeon U S A  
In charge of R & L Dispensary



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in R. & F. Dispensary, for the week ending Saturday, March 28<sup>th</sup>, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |     |      |       |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-----|------|-------|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |     |      |       |
| W. H. Riley     | Algiers  | 8                                | 9              | 7              | 4                | 14                             | 17             | 19             | 8                | 86                                     | 15                          | 22             | 16             | 4                |                              |                |                |                  | 1                     | 2              | 3              |                  | 60     | 7                           | 4                                 | 9              | 6              |                  |                              |         |                       |         |                                      |                |                | 300              | 300    | 200  | 200 | 1000 | 34.88 |

W. H. Riley  
a Surgeon U. S. a in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Shreveport*

District of *Louisiana*

FOR THE

Week ending *28<sup>th</sup> March*, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Received from the Surgeon-General's Office  
April 2, 1868*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *March 28<sup>th</sup>*, 186*8*.

REMARKS-

*Recd Office of Surg-in-Chief  
2.28. 68,*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and Freedmen~~ in Freedmen's Hospital, for the week ending Saturday, March 28<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                        | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|  |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <u>W. H. Gray A. A. Surg. U. S. A.</u> | <u>New Orleans La</u>  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|  | <u>Maine Hospital</u>  | 187                              | 88             | 3              | 18               | 29                             | 11             | 1              | 1                | 338                                    | 21                          | 9              |                | 2                | 2                            |                |                | 4                | 2                     |                | 1              | 7                | 41                          | 189                               | 86             | 4              | 18               | 297                          | 91      | 22                    | 14      |                                      |                |                |                  |        | 20.71 ✓                                    |
|  | <u>S. P. Branch</u>    | 1                                |                | 1              |                  | 2                              | 2              |                |                  | 6                                      |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 3                                 | 2              | 1              |                  | 6                            | 4       |                       |         |                                      |                |                |                  |        |  |
|  | <u>Cholera Branch</u>  | 2                                | 1              |                |                  |                                |                |                |                  | 3                                      | 2                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  | 3                           |                                   |                |                |                  | 13                           | 1       | 1                     |         |                                      |                |                |                  |        |  |
|  | <u>Dependents Home</u> | 27                               | 10             |                |                  |                                |                |                |                  | 37                                     | 1                           |                |                |                  |                              |                |                |                  |                       |                |                |                  | 1                           | 26                                | 10             |                |                  | 36                           | 14      |                       |         |                                      |                |                |                  |        |  |
|  | <u>Total</u>           | 217                              | 99             | 4              | 18               | 31                             | 13             | 1              | 1                | 384                                    | 24                          | 10             |                | 2                | 2                            |                |                | 4                | 2                     |                | 1              | 7                | 45                          | 218                               | 98             | 5              | 18               | 339                          | 122     | 23                    | 15      | 341                                  | 113            | 5              | 18               | 477    | 418.23 ✓                                   |

W. H. Gray  
 A. A. Surgeon U. S. A. in charge.



*Given dictated*

WEEKLY REPORT

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *March 28*, 1868.

*Forwarded by*

*A. C. Swartzwelder*  
*Surgeon-in-Chief*  
*P. O. F. & A. L.*  
*Dist. La.*

*Forwarded to be M April 28, 1868.*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surg | New Orleans | Present               | Asst. Comd'g S.O. 108, Aug 12/67     |
| Samuel Angel     | "         | "           | "                     | Surgeon in Charge Oct 12/67          |
| W. B. Rohrer     | "         | "           | "                     | " " " Sept 21/67                     |
| David. Kershey   | "         | "           | "                     | Asst. Comd'g S.O. 127 Oct 12/67      |
| W. M. Miller     | "         | "           | "                     | Actg Surg in Charge Nov 30/67        |
| Francis Barnes   | "         | "           | "                     | Asst. Comd'g S.O. 150 Jan 25/68      |
| W. C. Redman     | "         | Shreveport  | "                     | Asst. Comd'g S.O. 127 Oct 12/67      |
| W. H. Riley      | "         | Algiers     | "                     | Surgeon in Charge July 12/67         |
| S. E. McKinley   | "         | Monroe      | "                     | Asst. Comd'g S.O. 129 Oct 28/67      |
| James H. P. Wier | Steward   | New Orleans | Present               | Actg Surgeon in Charge Sept 1/67     |
| David Jones      | "         | Shreveport  | "                     | Surgeon in Charge Aug 1/67           |

A. C. Smartzwelder

Surgeon in Charge

In charge of Bureau

R. J. and A. L.  
Dist. Loo.



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospital Dispensaries* for the week ending Saturday, *March 28<sup>th</sup>*, 1868.

STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.              | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------------|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                              |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Gray A. H. Surg.       | New Orleans Les        |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                              | Marine Hospital        | 187                              | 88             | 3              | 18               | 29                             | 11             | 1              | 1                | 338   | 21                          | 9              |                | 2                | 2                            |                |                | 4                | 2                     |                | 1              | 7                | 41     | 189                         | 86                                | 4              | 18             | 297              | 91                           | 22      | 14                    |         |                                      |                |                |                  |        | 20,71                                      |
|                              | Small Pop Branch       | 1                                |                | 1              |                  | 2                              | 2              |                |                  | 6   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 1      | 3                           | 2                                 | 1              |                | 6                | 4                            |         |                       |         |                                      |                |                |                  |        |  |
|                              | Shelton Branch         | 2                                | 1              |                |                  |                                |                |                |                  | 3   | 2                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  | 3      |                             |                                   |                |                | 13               | 1                            | 1       |                       |         |                                      |                |                |                  |        |  |
|                              | Dependants Area        | 27                               | 10             |                |                  |                                |                |                |                  | 37  | 1                           |                |                |                  |                              |                |                |                  |                       |                |                |                  | 1      | 26                          | 10                                |                |                | 36               | 14                           |         |                       |         |                                      |                |                |                  |        |  |
|                              | Total                  | 217                              | 99             | 4              | 18               | 31                             | 13             | 1              | 1                | 384   | 24                          | 10             |                | 2                | 2                            |                |                | 4                | 2                     |                | 1              | 7                | 45     | 218                         | 98                                | 5              | 18             | 339              | 122                          | 23      | 15                    | 341     | 113                                  | 5              | 18             | 477              | 18,23  |  |
| L. S. Radmore A. H. Surg.    | French Hospital Branch | 15                               | 27             | 22             | 10               | 2                              |                |                |                  | 76  | 2                           |                | 1              |                  |                              |                |                |                  |                       |                |                |                  | 9      | 15                          | 27                                | 22             | 9              | 73               | 27                           | 5       | 4                     | 20      | 31                                   | 22             | 9              | 82               |        |  |
| W. H. Gray A. H. Surg.       | Dispensary Algiers     | 8                                | 9              | 7              | 4                | 14                             | 17             | 19             | 8                | 86  | 15                          | 22             | 16             | 4                |                              |                |                |                  |                       |                |                |                  | 60     | 7                           | 4                                 | 9              | 6              |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 1000             | 34,88  |  |
| J. E. McLaughlin A. H. Surg. | Dispensary Monro       | 11                               | 29             | 1              |                  | 41                             | 49             | 8              | 2                | 141   | 45                          | 77             | 9              | 2                |                              |                |                |                  |                       |                |                |                  | 103    | 7                           | 1                                 |                |                |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 1000             |        |  |
|                              | Grand Total            | 251                              | 164            | 34             | 32               | 88                             | 79             | 28             | 11               | 687   | 86                          | 129            | 25             | 7                | 2                            | 2              |                | 4                | 2                     |                | 3              | 10               | 241    | 247                         | 190                               | 36             | 33             | 412              | 149                          | 28      | 19                    | 961     | 744                                  | 427            | 427            | 2539             | 21,456 |  |

*A. C. Straetzelder*  
*in charge*  
 Surgeon H. B.  
*P. R. F. and A. L.*  
 Dist. L.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *April 4<sup>th</sup>*, 1868.

REMARKS.

*The Contract of A. A. Surg. S. E. McWinley was canceled March 31<sup>st</sup> 1868  
at his own request. A Contract was made with Dr. H. E. Jones, dated  
April 1<sup>st</sup> 1868 & he was ordered to relieve Dr. S. E. McWinley as Surgeon in  
charge of the Dispensary at Monroe, La. at even date.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Res<sup>d</sup> C. S. in July 14, 68*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## DIRECTIONS.

## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Monroe*

District of *Louisiana*.

FOR THE

Week ending

*April 4<sup>th</sup>*

, 1868.

## REMARKS.

*The Contract of A. A. Surg. S. E. McKinley was canceled March 31<sup>st</sup> 1868 at his own request. A Contract was made with Dr. H. E. Jones, dated April 1<sup>st</sup> 1868, & he was ordered to relieve Dr. S. E. McKinley as Surgeon in charge of the Dispensary at Monroe, La. at even date.*

*Rec'd C. D. in of April 14, 68*







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Quarters, for the week ending Saturday, April 4<sup>th</sup>, 1868.  
 STATION: Monroe. DISTRICT OF Louisiana, Bureau of ~~Refugees~~, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|-------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                      |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.                      | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>J. R. Huston.</u> | <u>Monroe La.</u> | <u>1</u>                         | <u>1</u>       | <u>0</u>       | <u>0</u>         | <u>4</u>                       | <u>12</u>      | <u>2</u>       | <u>4</u>         | <u>30</u>                              | <u>9</u>                    | <u>1</u>       | <u>1</u>       | <u>3</u>         | <u>"</u>                     | <u>"</u>       | <u>"</u>       | <u>"</u>         | <u>"</u>              | <u>"</u>       | <u>"</u>       | <u>"</u>         | <u>20</u>                   | <u>2</u>                          | <u>6</u>       | <u>1</u>       | <u>1</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>OK</u>                                  |

A. A. Foul

A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La.*

District of *Louisiana*

FOR THE

Week ending *April 4<sup>th</sup>*, 1868

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers.*  
District of *Louisiana*

FOR THE  
Week ending *April 4<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd C S in ch 4.6.68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *4<sup>th</sup> April*, 1868.

*Rec<sup>d</sup> April 25, A. S. B. ch. of*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*Daniel James, of Tennessee was discharged to his own regiment.*  
*Robert A. Bell was employed as steward April 1<sup>st</sup> 1868 to take the place of the former.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of *Refugees* and of *Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## DIRECTIONS.

## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGES~~  
AND FREEDMEN.

Station:

*Shawboro*

District of

*Massachusetts*

FOR THE

Week ending

*April 25*

1868.

## REMARKS.

*Daniel James Stewara was discharged March 31<sup>st</sup> 1868 at his own request.*

*Robert Abell was employed as Stewara April 1<sup>st</sup> 1868 to take the place of the former.*

*Re April 25, 1868*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *April 4<sup>th</sup>*, 186*8*.

*Rec'd O & S in chf April 4<sup>th</sup> 68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*The Contract of A. A. Aug. M. B. Roberts U. S. A. now annulled to date March 31<sup>st</sup> 1868. His services being no longer required, as per Special Order in Chief H. A. D. Dr. R. F. & A. L. Dist La. March 30<sup>th</sup> 1868.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED ~~RECEIVED~~  
AND FREEDMEN.

Station:

New Orleans

District of

Louisiana

FOR THE

Week ending

April 4<sup>th</sup>, 1868.

REMARKS.

The Contract of A. A. Surg H. B. Roberts U. S. A. was annulled to date March 31<sup>st</sup> 1868. His services being no longer required, as per Special Order dated Office Surg-in-Chief H & D. B. R. F & B. L. Dist La. March 30<sup>th</sup> 1868.

Rec'd O & S in off April 4<sup>th</sup> 1868.



LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.           | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------|-----------------|-------------|-----------------------|--------------------------------------|
| W. H. Gray.       | A. A. Surg. USA | New Orleans | Present               | Asst. Comm.                          |
| Samuel Angel      | "               | "           | "                     | Surg. in Chief                       |
| David Hershey     | "               | "           | "                     | Asst. Comm.                          |
| Wm M. Miller      | "               | "           | "                     | Actg. Surg. in Chief                 |
| Francis Barnes    | "               | "           | "                     | Asst. Comm.                          |
| James H. P. Price | Surgeon         | New Orleans | Present               | Actg. Surg. in Chief                 |

W. H. Gray  
 A. A. Surgeon USA  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Marine Hospital, for the week ending Saturday, April 4<sup>th</sup>, 1868.

STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                       | STATION.                        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|                                       |                                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Total.                       | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| <u>W. H. Gray, A. A. Surg. U.S.A.</u> | <u>New Orleans</u><br><u>La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *April 4<sup>th</sup>*, 186*8*.

Forwarded by  
*A. C. Smutzmiller*  
*Surgeon in Chief*  
*D. A. F. + A. L.*  
*Out Ld*

*Forward to C. M. April 28<sup>th</sup> /68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*The contract of A. A. Surg. W. D. Perkins was canceled  
March 31, 1868 - his services being no longer needed.  
The contract of A. A. Surg. E. E. McKinley was canceled  
March 31, 1868, at his own request.  
Capt. Steward Daniel Hannus was discharged March  
31, 1868 at his own request.  
Private Hall was employed as Hospital Steward at  
Shreveport April 1<sup>st</sup> 1868 per David Hannus discharged.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## DIRECTIONS.

*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*San Antonio*

District of

*Louisiana*

FOR THE

Week ending

*April 4<sup>th</sup>*

, 1868.

*Forwarded by**A. L. Smith**Surgeon in Chief  
of the 4<sup>th</sup> A. S. I.  
Bureau**Forwarded to Genl April 28<sup>th</sup> 1868*

## REMARKS.

The contract of A. A. Surg. W. B. Rohrer was canceled March 31, 1868 - his services being no longer needed.  
The contract of A. A. Surg. E. E. McKinley was canceled March 31, 1868, at his own request.  
Capt Steward David James was discharged March 31, 1868 at his own request.  
Robert Hall was employed as Capt Steward at Shreveport April 1<sup>st</sup> 1868 - since David James discharged.



LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.        | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.   |
|-------------------|--------------|-------------|-----------------------|--|
| W. H. Gray        | Asst Surgeon | New Orleans | Present               | Asst Comd'g S.C. 108, Aug 12/67        |
| Samuel Angel      | "            | "           | "                     | Surgeon in Chief S.C. 108, Sept 12/67  |
| W. B. Rohrer      | "            | "           | "                     | " " " " " " " " " " " "                |
| David Hussey      | "            | "           | "                     | Asst Comd'g S.C. 127, Oct 1/67         |
| W. M. Miller      | "            | "           | "                     | Actg Surg in Chief S.C. 108, Nov 30/67 |
| Francis Barnes    | "            | "           | "                     | Asst Comd'g S.C. 108, Dec 25/67        |
| L. C. Radmore     | "            | Shreveport  | "                     | Asst Comd'g S.C. 127, Oct 1/67         |
| W. H. Riley       | "            | Algiers     | "                     | Surgeon in Chief S.C. 108, Dec 12/67   |
| W. E. Jones       | "            | Mourve      | "                     | " " " " " " " " " " " "                |
| S. E. McKinley    | "            | "           | "                     | Asst Comd'g S.C. 129, Oct 28/67        |
| James H. P. Price | Steward      | New Orleans | Present               | Actg Surg in Chief S.C. 108, Dec 12/67 |
| David James       | "            | Shreveport  | "                     | Surg in charge S.C. 108, Dec 12/67     |
| Robert Hill       | "            | "           | "                     | " " " " " " " " " " " "                |

A. C. Smarznelder  
Surgeon in Chief

In charge of

P. C. F. & A. L.

Dist. La



*Consolidated*

REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *U.S. Freedmen Hospital Dispensaries* for the week ending Saturday, *April 4<sup>th</sup>*, 1868.

STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.           | STATION.             | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|---------------------------|----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|                           |                      | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| W. H. Gray A. M. Surg.    | New Orleans La       |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|                           | Marine Hospital      | 189                              | 86             | 4              | 18               | 22                             | 10             | 1              | 2                | 332                                    | 23                          | 4              | 1              | 2                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 32                          | 188                               | 90           | 4              | 18             | 200                          | 88        | 21                    | 14    |                                      |              |                |                |                  | 3.01                                       |        |
|                           | Small Pox Branch     | 3                                | 2              | 1              | 1                | 1                              | 1              | 1              | 1                | 6                                      | 1                           | 1              | 1              | 1                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 3                           | 1                                 | 1            | 1              | 5              | 5                            | 1         | 1                     |       |                                      |              |                |                |                  |  |        |
|                           | Cholera Branch       | 1                                | 1              | 1              | 1                | 1                              | 1              | 1              | 1                | 1                                      | 1                           | 1              | 1              | 1                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 1                           | 1                                 | 1            | 1              | 13             | 1                            | 1         |                       |       |                                      |              |                |                |                  |  |        |
|                           | Dependent Corps      | 26                               | 10             | 1              | 1                | 1                              | 1              | 1              | 1                | 36                                     | 1                           | 1              | 1              | 1                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 1                           | 25                                | 10           | 1              | 1              | 35                           | 15        | 1                     | 1     |                                      |              |                |                |                  |  |        |
|                           | Total                | 218                              | 98             | 5              | 18               | 22                             | 10             | 1              | 2                | 374                                    | 24                          | 5              | 1              | 2                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 34                          | 186                               | 101          | 5              | 18             | 240                          | 121       | 21                    | 15    | 237                                  | 116          | 5              | 18             | 376              | 2.67                                       |        |
| L. H. Radmore A. M. Surg. | French Camp Hospital | 15                               | 27             | 22             | 9                | 1                              | 1              | 1              | 1                | 74                                     | 1                           | 1              | 1              | 1                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 1                           | 16                                | 26           | 22             | 9              | 73                           | 27        | 5                     | 4     | 400                                  | 200          | 600            | 400            | 2000             |  |        |
| W. H. Riey A. M. Surg.    | Dispensary Algiers   | 7                                | 4              | 9              | 6                | 14                             | 20             | 10             | 7                | 77                                     | 17                          | 21             | 12             | 11               | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 62                          | 4                                 | 3            | 6              | 2              | 1                            | 1         | 1                     | 1     | 300                                  | 200          | 200            | 200            | 1000             | 12.99                                      |        |
| H. E. Jones A. M. Surg.   | Dispensary Monroe    | 7                                | 1              | 1              | 1                | 4                              | 12             | 2              | 4                | 30                                     | 9                           | 7              | 1              | 3                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 20                          | 2                                 | 6            | 1              | 1              | 1                            | 1         | 1                     | 1     | 300                                  | 200          | 200            | 200            | 1000             |  |        |
|                           | Grand Total          | 247                              | 130            | 36             | 93               | 41                             | 42             | 13             | 13               | 555                                    | 50                          | 34             | 14             | 16               | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 117                         | 238                               | 136          | 34             | 30             | 413                          | 148       | 26                    | 19    | 4837                                 | 2716         | 1005           | 818            | 10376            | 7.60                                       |        |

*A. C. Strickmiller*  
Surgeon *in charge*  
*Chief*  
*Dist. La.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana.*

FOR THE  
Week ending *April 11<sup>th</sup>*, 1868.

REMARKS-

*Rec'd O.S. in. of Apr 14, 68,  
" back May 1. 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *April 11<sup>th</sup>*, 186*8*.

REMARKS-

*Reim. O.D. in ch Apr 11, 1868*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



Mr W Riley  
A A Surgeon USA  
In charge of R & F Dispensary







WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

*4<sup>th</sup>* District of *Louisiana*

FOR THE

Week ending *11<sup>th</sup> April*, 186*8*.

REMARKS.

*Recd Q.S.-in- ch/ apr 25/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



C. C. Radmore  
A. A. Surgeon  
In charge of Hospital



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in W. L. Freedman's Hospital, for the week ending Saturday, 11<sup>th</sup> April, 1868.  
 STATION: Shreveport DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. <i>How are matters to treatment</i> |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|-----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|----------|--|----------------|----------------|------------------|-------------|--|
|                     |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.  | Adult males.   | Adult females. | Male children. | Female children. | Total.      |  |
| <u>A. A. Ramsey</u> | <u>Shreveport La.</u> | <u>16</u>                        | <u>26</u>      | <u>22</u>      | <u>9</u>         | <u>2</u>                       |                |                |                  | <u>1</u>                               | <u>16</u>                   | <u>1</u>       | <u>1</u>       | <u>1</u>         |                              |                |                |                  |                       |                |                |                  | <u>2</u>                    | <u>17</u>                         | <u>26</u>      | <u>21</u>      | <u>9</u>         | <u>17</u>                    | <u>27</u> | <u>4</u>              | <u>2</u> | <u>4000</u>  | <u>2000</u>    | <u>600</u>     | <u>400</u>       | <u>8000</u> | <u>0.5</u>                                 |

A. A. Ramsey  
 A. A. Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *April 11<sup>th</sup>*, 186*8*.

REMARKS-

*Rec'd A. S. in chf 4-12-68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.       | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray.      | ad Surg USA | New Orleans La | Present               | Asst. Commr.                         |
| Samuel Angel     | "           | " " "          | "                     | Surg-in-Chief                        |
| David Kershney   | "           | " " "          | "                     | Asst. Commr.                         |
| Jm M. Miller     | "           | " " "          | "                     | Actg. Surg. in Chief                 |
| Francis Barnes   | "           | " " "          | "                     | Asst. Commr.                         |
| James H. P. Rice | Lieut       | New Orleans La | Present               | Actg. Surg. in Chief                 |

W. H. Gray

a. a. Surgeon USA

In charge of Freedmen's Hospital  
New Orleans  
La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, April 11<sup>th</sup>, 1868.  
 STATION: New Orleans DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                           | STATION.                        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|---------------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|
|   |                                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  |
| <u>H. H. Gray, A. A. Surgeon U. S. A.</u> | <u>New Orleans</u><br><u>La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  | OK   |
|   | <u>Marine Hospital</u>          | 188                              | 90             | 4              | 18               | 37                             | 9              | "              | "                | 346                                    | 21                          | 6              | "              | 2                | 2                            | "              | "              | 3                | "                     | "              | 3              | 34               | 199                         | 93                                | 4            | 16             | 312            | 76                           | 21        | 14                    |       |                                      |              |                |                | 86.7 ✓           |  |
|   | <u>S. P. Branch</u>             | 3                                | 1              | 1              | "                | 1                              | "              | 1              | "                | 7                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 4                           | 1                                 | 2            | "              | 7              | 3                            | "         | "                     |       |                                      |              |                |                |                  |  |
|   | <u>Cholera Branch</u>           | "                                | "              | "              | "                | "                              | "              | "              | "                | "                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | "                                 | "            | "              | 13             | "                            | 1         |                       |       |                                      |              |                |                |                  |  |
|   | <u>Dependent Home</u>           | 25                               | 10             | "              | "                | "                              | "              | "              | "                | 35                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 25                          | 10                                | "            | "              | 35             | 15                           | "         | "                     |       |                                      |              |                |                |                  |  |
|   | <u>Total</u>                    | 216                              | 101            | 5              | 18               | 38                             | 9              | 1              | "                | 388                                    | 21                          | 6              | "              | 2                | 2                            | "              | "              | 3                | "                     | "              | 3              | 34               | 228                         | 104                               | 6            | 16             | 354            | 107                          | 21        | 15                    | 249   | 119                                  | 6            | 16             | 390            | 27.3 ✓           |  |

H. H. Gray  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE

Week ending *April 11<sup>th</sup>*, 1868.

*Forwarded by*  
*A. C. Smythmeyer*  
*Surgeon in Chief*  
*B. R. F. H. L.*  
*Quint, Ga.*

*Forward to C. M. May 2-68.*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surg | New Orleans | Present               | Asst Comdr S.O. 108, Aug 12/67       |
| Samuel Aydel     | "         | "           | "                     | Surgeon in chief Oct 12/67           |
| David Hensley    | "         | "           | "                     | Asst Comdr S.O. 127, Oct 12/67       |
| Wm. W. Miller    | "         | "           | "                     | Actg Surg in chief Nov 30/67         |
| Francis Barnes   | "         | "           | "                     | Asst Comdr S.O. 138, Feb 25/68       |
| C. C. Redmore    | "         | Shreveport  | "                     | Asst Comdr S.O. 127, Oct 12/67       |
| W. H. Riley      | "         | Algiers     | "                     | Surgeon in chief May 12/67           |
| H. E. Jones      | "         | Monroe      | "                     | " " " Apr 1/68                       |
| James H. P. Wise | Standard  | New Orleans | Present               | Actg Surg in Chief Sept 12/67        |
| Robert Hall      | "         | Shreveport  | "                     | Surg in chg Aug 1/68                 |

A. C. Smaywelder

Surgeon

In charge of

Chief  
J. R. P. H. L.  
Quint. Sa







WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana.*

FOR THE

Week ending *April 18<sup>th</sup>*, 1868.

REMARKS.

*Rec'd O. S. in ch. April 24<sup>th</sup> 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in Quarters, for the week ending Saturday, April 18<sup>th</sup>, 1868.  
STATION: Monroe. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.    | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |             | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| J. R. Huston.   | Monroe, La. | 5                                | 10             | 1              | 3                | 2                              | 10             |                | 2                | 33                                     |                             | 3              |                | 1                |                              |                |                |                  |                       |                |                |                  |        | 4                           | 7                                 | 17             | 1              | 4                |                              |         |                       |         | 200                                  | 300            | 200            | 200              | 1000   | 0.5  |

*L. E. Jones*  
A. C. Surgeon U. S. A. in charge.  
Dispensary - Monroe  
*L. E.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *April 18th*, 186*8*.

REMARKS-

*Rec'd O.S. in ch April 20/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



W. H. Riley  
a Surgeon Usa  
In charge of R & F Dispensary



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *R. H. Dispensary*, for the week ending Saturday, *April 18<sup>th</sup>*, 186*8*.  
 STATION: *Algiers*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Riley     | Algiers  | 3                                | 4              | 2              | 1                | 10                             | 12             | 7              | 6                | 45                                     | 8                           | 14             | 6              | 5                |                              |                |                |                  | 1                     | 1              | 2              | 35               | 4      | 2                           | 2                                 | 2              |                |                  |                              |         |                       |         | 300                                  | 300            | 200            | 200              | 1000   | 94.44 ✓                                    |

*W. H. Riley*  
*A. A. Surgeon U. S. A* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: New Orleans  
District of Louisiana

FOR THE  
Week ending April 18<sup>th</sup>, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *April 18<sup>th</sup>*, 186*8*.

REMARKS.

*Recd. Office of Surg. mch 19/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

368.

| NAME.            | RANK.                | STATION.       | PRESENT OR ABSENT. | BY WHAT AUTHORITY PLACED ON DUTY. |
|------------------|----------------------|----------------|--------------------|-----------------------------------|
| W. H. Gray       | A. A. Surg. USA      | New Orleans    | Present            | Asst. Commr.                      |
| Samuel Angus     | A. A. Surg. USA      | " "            | "                  | Surgeon-in-Chief                  |
| David Hershey    | A. A. Surg. USA      | " "            | "                  | Asst. Commr.                      |
| Wm. M. Miller    | A. A. Surg. U. S. A. | " "            | "                  | Actg. Surg. in-Chief.             |
| Francis Barnes   | A. A. Surg. U. S. A. | " "            | "                  | Asst. Commr.                      |
| James H. P. Wise | Surgeon              | New Orleans La | Present            | Actg. Surg. - in - Chief.         |

OF THE

W. H. Gray

A. A. Surgeon USA

In charge of Freedmen's Hospital

New Orleans La

arge.



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, April 18<sup>th</sup>, 1868.  
 STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                         | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED<br>DURING THE<br>WEEK. |                |                |                  | TRANSFERRED<br>DURING THE<br>WEEK. |                |                |                  | DIED DURING THE<br>WEEK. |                |                |                  | TOTAL LOSS DURING<br>THE WEEK. | REMAINING AT<br>DATE OF THIS<br>REPORT. |              |                |                | NUMBER OF BEDS<br>FOR PATIENTS. |           | NUMBER OF<br>ATTENDANTS. |       | TOTAL NUMBER UNDER<br>CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF<br>DEATHS DURING THE<br>WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|   |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                      | Adult females. | Male children. | Female children. | Adult males.                       | Adult females. | Male children. | Female children. | Adult males.             | Adult females. | Male children. | Female children. |                                | Total.                                  | Adult males. | Adult females. | Male children. | Female children.                | Occupied. | Vacant.                  | Male. | Female.                                 | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| <i>W. H. Gray, A. A. Surg. U. S. A.</i> | <i>New Orleans La</i> |                                  |                |                |                  |                                |                |                |                  |   |                                   |                |                |                  |                                    |                |                |                  |                          |                |                |                  |                                |   |              |                |                |                                 |           |                          |       |   |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

W. H. Gray  
 A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *April 18<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd O.S. in chf April 27/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK. | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.          |
|---------------|-------|----------------|-----------------------|---|
| C. C. Radmore | Atty. | Shreveport La. | Present               | I.O. No 127. Dist. La. N.O. La.               |
| Robert Abell  | Steno | Shreveport La. | Present               | Atty. C. C. Radmore April 1 <sup>st</sup> '68 |

В. В. Радоме

U. U. Surgeon U. J. A.

*In charge of*

Hospital







*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *April 18<sup>th</sup>*, 1868.

*Forwarded by*  
*A. C. Smythmeyer*  
*Surgeon in Chief*  
*Dist La*

*Forwarded to C M May 2<sup>nd</sup> 68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*Contract made April 18<sup>th</sup> 1868 as per instructions from Chief Medical Officer dated April 7<sup>th</sup> 1868, at \$133 25 per mo. to enter into contract at higher compensation. New contract made April 18<sup>th</sup> 1868 as per instructions from Chief Medical Officer dated April 7<sup>th</sup> 1868, at \$133 25 per mo.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*April 18<sup>th</sup>*, 1868.

*Forwarded by*

*A. G. Smith*  
*Surgeon in Chief*  
*U. S. A.*  
*Fort St.*

*Forwarded to S. M. May 2<sup>nd</sup> 68.*

REMARKS.

Contract with Dr. W. H. Gray of Aug 12, 1867 cancelled April 12, 1868 to enter into new contract at higher compensation, new contract made April 13, 1868 as per instructions from Chief Medical Officer dated April 7<sup>th</sup> 1868, at \$133 <sup>25</sup>/<sub>100</sub> per mo.



## LIST OF MEDICAL OFFICERS.

| NAME.             | RANK.    | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------|----------|-------------|-----------------------|--------------------------------------|
| * W. H. Gray      | A. Surg. | New Orleans | Present               | Asst. Com. B.O. 108, Aug. 12/67      |
| Samuel Augd       | "        | "           | "                     | Surgeon in Chg. Oct. 12/67           |
| David Kershner    | "        | "           | "                     | Asst. Com. B.O. 127, Oct. 18/67      |
| W. M. Miller      | "        | "           | "                     | Actg. Surg. in Chg. Nov. 30/67       |
| Francis Burns     | "        | "           | "                     | Asst. Com. B.O. 188, Jan. 25/68      |
| C. C. Radmore     | "        | Shreveport  | "                     | Asst. Com. B.O. 127, Oct. 18/67      |
| W. H. Riley       | "        | Algiers     | "                     | Surgeon in Chg. Feb. 12/67           |
| H. E. Jones       | "        | Monroe      | "                     | " " " April 11/68                    |
| * W. H. Gray      | "        | New Orleans | "                     | " " " April 12/68                    |
| James H. P. Wise  | Steward  | New Orleans | Present               | Actg. Surg. in Chg. Feb. 14/67       |
| Robert Hill       | "        | Shreveport  | "                     | Surg. in chg. Feb. 14/68             |
| * Vide "Remarks." |          |             |                       |                                      |

A. C. Smutzmiller

Surgeon in Chief

In charge of

B. A. To. H. L.  
Dist. La.



*Consolidated*  
**REPORT** of Sick and Wounded ~~Refugees and Freedmen~~ in *U.S. Freedmen Hospital Dispensaries*, for the week ending Saturday, *April 18<sup>th</sup>*, 1868.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                         |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W. H. Gray, A. M. Surg. | New Orleans Disp. |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*A. C. Swartzmiller*  
 Surgeon U. S. *in charge*  
*P. A. R. L.*  
*Quincy, Ill.*



WEEKLY REPORT  
OF  
~~SICK AND WOUNDED REFUGEES~~  
~~AND FREEDMEN.~~

Station: Monroe

District of Louisiana

FOR THE

Week ending April 23<sup>rd</sup>, 1868.

REMARKS.

*Recd A.D. Surg in chf May 1/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.Station: *Algiers*District of *Louisiana*

FOR THE

Week ending *April 25<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd CD in chf 4-29/68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

District of

*Shreveport*  
*Louisiana*

FOR THE

Week ending

*25<sup>th</sup> April*, 1868.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*

*Rec'd N-S in chf. 5-2-68.*







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *U.S. Freedmens Hospital*, for the week ending Saturday, *25<sup>th</sup> April*, 1868.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.             | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|----------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                     |                      | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.                      | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <i>A. A. Ramsey</i> | <i>Shreveport La</i> | <i>20</i>                        | <i>26</i>      | <i>21</i>      | <i>10</i>        | <i>3</i>                       | <i>2</i>       |                |                  | <i>82</i>                              | <i>5</i>                    | <i>2</i>       | <i>1</i>       |                  |                              |                |                | <i>1</i>         |                       |                |                | <i>1</i>         | <i>9</i>                    | <i>17</i>                         | <i>26</i>      | <i>21</i>      | <i>9</i>         | <i>73</i>                    | <i>27</i> | <i>4</i>              | <i>4</i> | <i>4000</i>                          | <i>3000</i>    | <i>600</i>     | <i>400</i>       | <i>8000</i> | <i>12.20</i>                               |

*A. A. Ramsey*  
*cc* Surgeon U. S. *2* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *April 25<sup>th</sup>*, 186*8*.

REMARKS-

*Recd. Officer Surg in chf apr 25/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.          | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|----------------|----------|-----------------------|--------------------------------------|
| W. H. Gray       | A.A. Surg. USA | N.O. La  | Present               | Asst. Commr.                         |
| Samuel Angel     | A.A. Surg. USA | N.O. La  | Present               | Surg-in-Chief                        |
| David Hershey    | A.A. Surg. USA | N.O. La  | Present               | Asst. Commr.                         |
| Wm. M. Miller    | A.A. Surg. USA | N.O. La  | Present               | Actg. Surg-in-Chief                  |
| Francis Barnes   | A.A. Surg. USA | N.O. La  | Present               | Asst. Commr.                         |
| James H. P. Wise | Steward        | N.O. La  | Present               | Actg. Surg-in-Chief                  |

W. H. Gray  
A. A. Surgeon U. S. A.  
In charge of Freedmen's Hospital  
New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen Hospital, for the week ending Saturday, April 25<sup>th</sup>, 1868.  
 STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                        | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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|  |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Total.                       | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>H. H. Gray, A.A. Surgeon U.S.A.</u> | <u>New Orleans La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

H. H. Gray  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *April 25*, 186*8*.

REMARKS-

*Forwarded by*  
*A. C. Smythwelder*  
*Surgeon in Chief*  
*S. R. T. & A. L.*  
*Dist. La.*

*Forw'd to C. M. May 4/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.             | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.                                    |
|------------------|---------|----------------------|-----------------------|---|
| W. H. Gray       | 1       | A. Surg. New Orleans | Present               | Surgeon in chief April 1868<br><del>Asst Com. S. C. 127, Oct 1867</del> |
| Samuel Aygel     | "       | "                    | "                     | Surgeon in Chief Oct 1867   |
| David Koshey     | "       | "                    | "                     | Asst Com. S. C. 127, Oct 1867   |
| W. M. Miller     | "       | "                    | "                     | Actg Surgeon in chief Jan 1868  |
| Francis Barnes   | "       | "                    | "                     | Asst Com. S. C. 127, Oct 1867   |
| C. C. Radmore    | "       | Shreveport           | "                     | " " " 127, Oct 1867   |
| W. H. Riley      | "       | Algiers              | "                     | Surgeon in chief July 1867  |
| H. E. Jones      | "       | Mound                | "                     | " " " April 1868  |
| James H. P. Mier | Steward | New Orleans          | Present               | Actg Surgeon in chief Sept 1867   |
| Robert Hall      | "       | Shreveport           | "                     | Surg in in charge April 1868  |

A. C. Brantymedger  
Surgeon in Chief

In charge of B. R. H. L.  
Dist. La.



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospital Dispensaries*, for the week ending Saturday, *April 25<sup>th</sup>*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |
|------------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|
|                        |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |
| W. H. Gray A. Surg.    | New Orleans La.    |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                        | Marrick Hospital   | 195                              | 86             | 4              | 16               | 28                             | 12             | 1              |                  | 342                                    | 21                          | 2              |                |                  |                              |                |                |                  | 7                     | 2              | 1              |                  | 10     | 33                          | 195                               | 94             | 4              | 16               | 309                          | 79      | 21                    | 15      |                                      |                |                |                  |        |  | 29.24 |
|                        | Small Pox Branch   | 5                                | 2              | 2              |                  |                                |                |                |                  | 9                                      |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 5                                 | 2              | 2              |                  | 9                            | 1       |                       |         |                                      |                |                |                  |        |  |       |
|                        | Anders Branch      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              | 13      |                       | 1       |                                      |                |                |                  |        |  |       |
|                        | Dependent House    | 25                               | 10             |                |                  | 1                              |                |                |                  | 36                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 26                                | 10             |                |                  | 36                           | 14      |                       |         |                                      |                |                |                  |        |  |       |
|                        | Total              | 225                              | 98             | 6              | 16               | 29                             | 12             | 1              |                  | 387                                    | 21                          | 2              |                |                  |                              |                |                |                  | 7                     | 2              | 1              |                  | 10     | 33                          | 226                               | 106            | 4              | 16               | 354                          | 107     | 21                    | 15      | 247                                  | 122            | 6              | 16               | 391    | 25.84                                      |       |
| W. H. Roberts A. Surg. | Freedmen Hospital  | 20                               | 26             | 21             | 10               | 3                              | 2              |                |                  | 82                                     | 5                           | 2              | 1              |                  |                              |                |                | 1                |                       |                |                | 1                | 9      | 17                          | 26                                | 21             | 9              | 73               | 27                           | 4       |                       | 4       | 4                                    | 200            | 200            | 200              | 200    | 800  | 12.20 |
| W. H. Riley A. Surg.   | Dispensary Algiers | 4                                | 2              | 2              | 2                | 13                             | 12             | 9              | 6                | 50                                     | 13                          | 11             | 8              | 7                | 1                            |                |                |                  |                       |                |                |                  | 40     | 4                           | 2                                 | 3              | 1              |                  |                              |         |                       |         | 200                                  | 200            | 200            | 200              | 1000   |  |       |
| W. E. Jones A. Surg.   | Dispensary Monroe  | 7                                | 17             | 1              | 4                | 4                              | 13             |                |                  | 46                                     | 7                           | 25             | 1              | 4                |                              |                |                |                  |                       |                |                |                  | 37     | 4                           | 5                                 |                |                |                  |                              |         |                       |         | 200                                  | 200            | 200            | 200              | 1000   |  |       |
|                        | Grand total        | 256                              | 148            | 30             | 32               | 49                             | 39             | 10             | 6                | 565                                    | 46                          | 40             | 9              | 12               | 1                            | 1              |                |                  | 8                     | 2              | 1              |                  | 11     | 114                         | 257                               | 199            | 80             | 26               | 427                          | 194     | 25                    |         | 20                                   | 444            | 372            | 106              | 56     | 1031                                       | 19.47 |

*A. C. Smithwelder*  
Surgeon U.S. *in Charge*  
*B. R. J. H. L.*  
*Dist. La.*



Weekly Report  
of  
Sick and Wounded  
Refugees and Freedmen  
Station New Orleans  
District of Louisiana  
For the  
week ending April 26  
1868 P



Report of Sick and Wounded Freedmen in Chalmeau S. P. Hospital for the week ending April 25<sup>th</sup> 1868.

Station New Orleans District of Louisiana Bureau of R. F. and A. S.

| Name of Writer | Station   | Remaining at last report |        | Gain since last weekly report |        | Discharged during the week |        | Transferred during the week |        | Died during the week |        | Remaining at date of this report |        | No. of Beds occupied |        | Total number under charge of Surgeon |        | Ratio per 1000 of Deaths during the week. |
|----------------|-----------|--------------------------|--------|-------------------------------|--------|----------------------------|--------|-----------------------------|--------|----------------------|--------|----------------------------------|--------|----------------------|--------|--------------------------------------|--------|---|
|                |           | Adult Males              | Female | Adult Males                   | Female | Adult Males                | Female | Adult Males                 | Female | Adult Males          | Female | Adult Males                      | Female | Adult Males          | Female | Adult Males                          | Female |   |
| W. M. Miller   | N. O. La. | 5                        | 2      | 2                             | "      | "                          | "      | "                           | "      | "                    | "      | 5                                | 1      | 8                    | 9      | 1                                    | 1      | "   |
|                |           |                          |        |                               |        |                            |        |                             |        |                      |        |                                  |        |                      |        |                                      |        | "   |

Wm. M. Miller

~~As Surgeon~~ N. O. La. in Charge



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *May 2<sup>d</sup>*, 1868.

REMARKS

*Rec<sup>d</sup> O.S. in chief May 15/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.        | RANK.                     | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.        |
|--------------|---------------------------|----------|-----------------------|---|
| H. E. Jones. | A. A. Surgeon<br>U. S. A. | Monrovia | Present               | Surgeon in Chief April 1 <sup>st</sup> 1888 |

A. Jones  
A. A. Surgeon U.S.

A. A. Surgeon U. S. A.

In charge of *Dispensary*



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Quarters, for the week ending Saturday, May 2<sup>nd</sup>, 1868.  
 STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |          | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |          | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          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|          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          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|                      |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.  | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.   |  |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |   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| <i>Y. R. Huston.</i> | <i>Monroe La.</i> | <i>4</i>                         | <i>5</i>       | <i>"</i>       | <i>"</i>         | <i>4</i>                       | <i>5</i>       | <i>2</i>       | <i>1</i>         | <i>21</i>                              | <i>4</i>                    | <i>9</i>       | <i>1</i>       | <i>1</i>         | <i>"</i>                     | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i>              | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i> | <i>"</i>                    | <i>"</i>                          | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i>                     | <i>"</i> | <i>"</i>              | <i>"</i> | <i>"</i>                             | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i> | <i>"</i>                                   | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> | <i>"</i> 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*A. A. Jones*

A. A. Surgeon U. S. A. in charge of  
*Dispensary*



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending *May 2*, 186 .

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in Freedmen's Hospital, for the week ending Saturday, May 2<sup>d</sup>, 1868.  
 STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                                       | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|---|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|   |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
| W. H. Gray M.D. Surgeon U. S. A.<br>New Orleans<br>La |                  |                                  |                |                |                  | 5                              | 2              |                |                  |  | 1                           | 3              |                |                  |                              |                |                |                  | 2                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 1                              |                |                |                  |  | 4                           | 2              |                |                  |                              |                |                |                  | 1                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 4                              | 1              |                |                  |  | 5                           | 1              |                |                  |                              |                |                |                  | 1                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 7                              | 1              |                |                  |  | 1                           | 1              |                |                  |                              |                |                |                  | 1                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 6                              | 1              |                |                  |  | 1                           | 1              |                |                  |                              |                |                |                  | 1                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 5                              | 4              |                |                  |  | 3                           | 3              |                |                  |                              |                |                |                  | 1                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 28                             | 9              | 1              | 1                |  | 15                          | 10             |                | 1                |                              |                |                |                  | 7                     |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 2                              | 1              |                |                  |  | 1                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   |                  |                                  |                |                |                  | 2                              | 1              |                |                  |  | 2                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   | Marine Hospital  |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
|   | S. P. Branch     | 195                              | 94             | 4              | 16               | 28                             | 9              | 1              | 1                | 348                                    | 17                          | 10             |                | 1                |                              |                |                |                  |                       |                |                |                  | 7                           | 30                                | 199          | 92             | 5              | 16                           | 312       | 76                    | 21    | 14                                   |              |                |                |                  | 20.11                                      |        |
|   | Catharine Branch | 5                                | 2              | 2              |                  | 0                              | 2              | 1              | 1                | 12                                     | 2                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 2                                 | 4            | 2              | 1              | 10                           |           |                       |       |                                      |              |                |                |                  |  |        |
|   | Dependents Home  | "                                | "              | "              | "                | "                              | "              | "              | "                | "                                      | "                           | "              | "              | "                |                              |                |                |                  |                       |                |                |                  |                             | "                                 | "            | "              | "              | 13                           |           |                       |       |                                      |              |                |                |                  |  |        |
|   | Total            | 26                               | 10             | "              | "                | "                              | "              | "              | "                | 36                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             | 26                                | 10           | "              | "              | 36                           | 14        |                       |       |                                      |              |                |                |                  |  |        |
|   |                  | 226                              | 106            | 6              | 16               | 28                             | 11             | 2              | 2                | 396                                    | 17                          | 12             |                | 1                |                              |                |                |                  |                       |                |                |                  | 7                           | 30                                | 230          | 104            | 7              | 19                           | 358       | 103                   | 21    | 15                                   | 25           | 19             | 8              | 12               | 394  | 17.67  |

229

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17

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229  
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Surgeon U. S. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~THE~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *May 2<sup>nd</sup>*, 186*8*.

REMARKS-

*Rec'd O.S. in-ly 5-4-68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

[illegible]

W B Riley  
a a Surgeon Usa

aa Surgeon *usa*

In charge of Refugees & Freedmen Dispensary







Weekly Report.  
Of

Sick and Wounded Freedm

Station; Shreveport.

7<sup>th</sup> District Louisiana.

For the

Week ending. May 2<sup>nd</sup> 1868

Recd I & m chf may 3<sup>rd</sup> 1868







Report of Sick and Wounded Freedmen in U. S. Freedmen's Hospital for the week ending Saturday May 2<sup>nd</sup> 1868  
 Station: Shreveport 7<sup>th</sup> District of Louisiana Bureau of Refugees, Freedmen, and Abandoned Lands.

| Name of Writer            | Station                                   | Remaining at last Weekly Report |               |               |                 | Gained since last Weekly Report |               |               |                 | Total number under treatment during the week | Discharged during the week |               |               |                 | Transferred during the week |               |               |                 | Died during the week |               |               |                 | Total lost during the week | Remaining at date of this report |        |      |        | Number of beds for patients |               | Number of Attendants |                 | Staff no. under charge of Bureau who are admitted to treatment |  |      |      |     | Ratio per 1,000 of deaths during the week |      |               |
|---------------------------|---|---------------------------------|---------------|---------------|-----------------|---------------------------------|---------------|---------------|-----------------|--|----------------------------|---------------|---------------|-----------------|-----------------------------|---------------|---------------|-----------------|----------------------|---------------|---------------|-----------------|----------------------------|----------------------------------|--------|------|--------|-----------------------------|---------------|----------------------|-----------------|--|--|------|------|-----|---|------|---------------|
|                           |   | Adult-Males                     | Adult-Females | Male children | Female children | Adult-Males                     | Adult-Females | Male children | Female children |  | Adult-Males                | Adult-Females | Male children | Female children | Adult-Males                 | Adult-Females | Male children | Female children | Adult-Males          | Adult-Females | Male children | Female children |                            | Occupied                         | Vacant | Male | Female | Adult-Males                 | Adult-Females | Male children        | Female children | Total  |  |      |      |     |   |      |               |
| A. A. Surg. C. L. Radmore | Shreveport La<br>May 2 <sup>nd</sup> 1868 | 17                              | 26            | 21            | 9               | 1                               | 1             |               |                 | 75   | 6                          | 4             | 2             | 1               |                             |               |               |                 | 1                    |               |               |                 | 1                          | 14                               | 11     | 23   | 19     | 8                           | 61            | 39                   | 1               |  |  | 4000 | 8000 | 600 | 400                                       | 8000 | OK<br>13.33 ✓ |

C. L. Radmore  
 A. A. Surg. U. S. A.  
 In charge Hospital.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *May 2d*, 186*8*.

REMARKS.

*Rec'd A. S. in ch 3-2-68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.           | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst. Surg. USA | New Orleans La | Present               | Asst. Commr.                         |
| Samuel Angel     | Asst. Surg. USA | " " "          | "                     | Surgeon-in-Chief                     |
| David Kershney   | Asst. Surg. USA | " " "          | "                     | Asst. Commr.                         |
| Wm M. Miller     | Asst. Surg. USA | " " "          | "                     | Actg. Surg. in Chief                 |
| Francis Barnes   | Asst. Surg. USA | " " "          | "                     | Asst. Commr.                         |
| James H. P. Rice | Surgeon         | New Orleans La | Present               | Actg. Surg. in Chief                 |

W. H. Gray

A. A. Surgeon USA.

In charge of Freedman's Hospital

New Orleans La



REPORT of Sick and Wounded ~~Refugees~~ Freedmen in St. Louis Hospital, for the week ending Saturday, May 24, 1868.

STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                         | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>H. H. Gray, A. A. Surg. U. S. A.</u> | <u>New Orleans La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

OK

H. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND FREEDMEN.~~

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *May 2<sup>nd</sup>*, 1868.

REMARKS

*Forwarded by*  
*A. C. Smaywelder*  
*Surgeon in Chief*  
*B. R. F. & A. L.*  
*Dist. La.*

*Forwarded to L. M. May 18/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.      | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|---------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surg | San Francisco | Present.              | Surgeon in Chief Sep 1868            |
| Samuel Angel     | "         | "             | "                     | " " " Oct 1868                       |
| David Hershey    | "         | "             | "                     | Asst Comd S.C. 127, Oct 1868         |
| W. M. Miller     | "         | "             | "                     | Actg Surg-in-Chief Sep 1868          |
| Francis Barnes   | "         | "             | "                     | Asst Comd S.C. 127, Sep 1868         |
| C. C. Rodmore    | "         | San Francisco | "                     | Asst Comd S.C. 127, Oct 1868         |
| W. H. Riley      | "         | Alger         | "                     | Surgeon in Chief Sep 1868            |
| H. E. Jones      | "         | Marine        | "                     | Surgeon in Chief Sep 1868            |
| James H. P. Wier | Snored    | San Francisco | Present               | Actg Surg-in-Chief Sep 1868          |
| Robert Hall      | "         | San Francisco | "                     | Surg-in-Chief Sep 1868               |

A. C. Smaragdeller  
Surgeon in Chief

In charge of P. R. T. & L.  
Dist. L.



*Consolidated*

REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Freedmen Hospital Dispensaries* for the week ending Saturday, *May 2nd*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                     |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Gray M.D.     | New Orleans La     |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                     | Marine Hospital    | 195                              | 94             | 4              | 16               | 28                             | 9              | 1              | 1                | 348                                    | 17                          | 11             | 1              |                  |                              |                |                | 7                |                       |                | 7              | 36               | 199    | 92                          | 5                                 | 16             | 312            | 76               | 21                           | 14      |                       |         |                                      |                |                |                  | 20.12  |  |
|                     | Small Port Branch  | 5                                | 2              | 2              |                  |                                | 2              |                | 1                | 12                                     | 1                           |                | 1              |                  |                              |                |                |                  |                       |                |                | 2                | 4      | 4                           | 1                                 | 1              | 10             |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                     | Children Branch    |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                | 13               |                              |         |                       |         |                                      |                |                |                  |        |  |
|                     | Opferendents Home  | 26                               | 10             |                |                  |                                |                |                |                  | 36                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 26     | 10                          |                                   |                | 36             | 14               |                              |         |                       |         |                                      |                |                |                  |        |  |
|                     | Total              | 226                              | 106            | 6              | 16               | 28                             | 11             | 1              | 2                | 396                                    | 18                          | 11             | 1              | 1                |                              |                |                | 7                |                       |                | 7              | 38               | 229    | 106                         | 6                                 | 17             | 358            | 103              | 21                           | 15      | 250                   | 121     | 6                                    | 17             | 394            |                  | 17.68  |  |
| C. C. Robinson M.D. | New Orleans La     | 17                               | 26             | 21             | 9                | 1                              | 1              |                |                  | 75                                     | 6                           | 4              | 2              | 1                |                              |                |                | 1                |                       |                | 1              | 14               | 11     | 23                          | 19                                | 8              | 61             | 39               | 1                            |         |                       |         |                                      |                |                |                  | 13.93  |  |
| W. H. Riley M.D.    | Dispensary Algiers | 4                                | 2              | 3              | 1                | 16                             | 18             | 10             | 2                | 56                                     | 16                          | 17             | 13             | 1                |                              |                |                |                  |                       | 2              | 2              | 49               | 4      | 3                           |                                   |                |                |                  |                              |         |                       |         |                                      |                |                | 35.71            |        |  |
| A. E. Jones M.D.    | Dispensary Memphis | 4                                | 5              |                |                  | 4                              | 5              | 2              | 1                | 21                                     | 4                           | 9              | 1              | 1                |                              |                |                |                  |                       |                |                | 15               | 4      | 1                           | 1                                 |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                     | Grand total        | 251                              | 139            | 30             | 26               | 49                             | 35             | 13             | 5                | 548                                    | 44                          | 41             | 17             | 4                |                              |                |                | 8                |                       |                |                | 116              | 248    | 133                         | 26                                | 28             | 419            | 192              | 22                           | 15      | 480                   | 242     | 106                                  | 57             | 1034           |                  | 18.25  |  |

Surgeon U.S. *in charge*  
*P. F. H. S.*  
*Dist. L.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *May 9<sup>th</sup>*, 186*8*.

REMARKS-

*Rec'd C. S. in A. of 11th St.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of *Refugees* and of *Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



A. E. Jones  
A. A. Surgeon U. S. A.  
In charge of Dispensary



REPORT of Sick and Wounded Refugees and Freedmen in Quarters, for the week ending Saturday, May 9<sup>th</sup>, 1868.

STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING<br>THE WEEK. | REMAINING AT DATE OF THIS REPORT. |           |           |           | NUMBER OF BEDS FOR PATIENTS. |              | NUMBER OF ATTENDANTS. |                | TOTAL NUMBER UNDER CHARGE OF BUREAU. |            |             |  |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|----------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------------------------------|-----------------------------------|-----------|-----------|-----------|------------------------------|--------------|-----------------------|----------------|--------------------------------------|------------|-------------|--|--|--|
|                      |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                                | Total.                            | Occupied. | Vacant.   | Male.     | Female.                      | Adult males. | Adult females.        | Male children. | Female children.                     | Total.     |             |  |  |  |
| <i>Y. R. Huston.</i> | <i>Monroe. La.</i> | <i>1</i>                         | <i>1</i>       | <i>..</i>      | <i>..</i>        | <i>2</i>                       | <i>1</i>       | <i>..</i>      | <i>..</i>        | <i>12</i>                                   | <i>2</i>                    | <i>3</i>       | <i>..</i>      | <i>..</i>        | <i>..</i>                    | <i>..</i>      | <i>..</i>      | <i>..</i>        | <i>..</i>             | <i>..</i>      | <i>..</i>      | <i>5</i>         | <i>4</i>                       | <i>5</i>                          | <i>1</i>  | <i>..</i> | <i>..</i> | <i>..</i>                    | <i>..</i>    | <i>300</i>            | <i>300</i>     | <i>200</i>                           | <i>200</i> | <i>1000</i> |  |  |  |

*F. E. Jones*

*A. A. Surgeon U. S. A. in charge of Dispensary.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *May 9<sup>th</sup>*, 186*8*.

REMARKS

*Rec'd O.S. in Chief May 13/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

[illegible]

J. H. Reley

aa Surgeon *USA*

In charge of *Freedmens Dispensary*



REPORT of Sick and Wounded ~~Refugees~~ ~~and~~ Freedmen in *Freedmen's Dispensary*, for the week ending Saturday, *May 9th*, 1868.  
 STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |     |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-----|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |     |
| W. H. Riley     | Algiers  | 4                                | 3              | 0              | 0                | 20                             | 17             | 6              | 10               | 60                                     | 18                          | 15             | 4              | 8                | 2                            | 2              | 1              |                  |                       |                |                |                  | 49     | 4                           | 3                                 | 2              | 2              |                  |                              |         |                       |         |                                      | 300            | 300            | 200              | 200    | 1000                                       | 0.5 |

*W. H. Riley*  
*a a* Surgeon U. S. *a* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending *May 9*, 186 .

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











NARA 925

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La.*  
District of *Louisiana.*  
FOR THE  
Week ending *May 9<sup>th</sup>*, 186 *8.*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*These reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *May 9<sup>th</sup>*, 186*8*.

REMARKS-

*Rec'd O S in chf May 24/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *U. S. Freedmen's Hospital*, for the week ending Saturday, *May 9<sup>th</sup>*, 186*8*.

STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |     |
|-----------------|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-----|
|                 |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |     |
| A. S. Radmore   | Shreveport La | 11                               | 23             | 19             | 8                |                                |                |                |                  | 61                                     | 2                           |                |                |                  |                              |                |                |                  |                       |                |                |                  | 2      | 9                           | 23                                | 19             | 8              | 59               | 41                           | 1       |                       |         | 400                                  | 300            | 600            | 400              | 800    | 1600                                       | 0.5 |

*A. S. Radmore*  
*a. c.* Surgeon U. S. *a.* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *May 9<sup>th</sup>*, 186*8*.

REMARKS-

*R. & C. D. in- ch May 6/68.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|----------|-----------------------|--------------------------------------|
| W. H. Gray       | A.A. Surg. U.S.A. | N.O. La  |                       | Asst. Commr.                         |
| Samuel Angel     | A.A. Surg. U.S.A. | N.O. La  | Present               | Surgeon-in-Chief                     |
| David Kerstey    | A.A. Surg. U.S.A. | N.O. La  | Present               | Asst. Commr.                         |
| Wm M. Miller     | A.A. Surg. U.S.A. | N.O. La  | Present               | Actg. Surg-in-Chief                  |
| Francis Barnes   | A.A. Surg. U.S.A. | N.O. La  | Present               | Asst. Commr.                         |
| James H. P. Hine | Steward           | N.O. La  | Present               | Actg. Surg-in-Chief                  |

W. H. Gray  
 A. A. Surgeon U.S.A.  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees~~ Freedmen in Freedmen Hospital, for the week ending Saturday, May 9<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                  | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                  |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A. H. Gray, A. A. Surg. U. S. A. | New Orleans La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. H. Gray  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*May 16*, 186*8*.

REMARKS

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

Forwarded by

*A. C. Smartzmaider*  
*Surgeon in Chief*  
*D. R. T. A. L.*  
*Dist. La.*

*Forwarded to C. M. May 23/68*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surg | Nealhaus   | Present               | Surgeon in Chief April 12/68         |
| Samuel Angel     | "         | "          | "                     | Surgeon in Chief Oct 12/65           |
| David Hershey    | "         | "          | "                     | Asst Comd S.C. 127, Oct 18/67        |
| W. M. Miller     | "         | "          | "                     | Actg Surg in Chief Dec 30/67         |
| Francis Sarus    | "         | "          | "                     | Asst Comd S.C. 127, Jan 25/68        |
| C. E. Cadmore    | "         | Shrewsbury | "                     | Asst Comd S.C. 127, Oct 18/67        |
| W. H. Riley      | "         | Algiers    | "                     | Surgeon in Chief May 12/67           |
| H. E. Jones      | "         | Morocco    | "                     | Surgeon in Chief Apr 1/68            |
| James H. P. Mier | Steward   | Nealhaus   | Present               | Actg Surg in Chief Sept 1/67         |
| Robert Abell     | "         | Shrewsbury | "                     | Surg in chg Neale April 1/68         |

A. C. Smartzmelder

Surgeon

In charge of

B. R. T. A. L.  
Dist. Sec.



*Consolidated*  
REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *US Freedmen Hospitals Dispensaries* for the week ending Saturday, *May 4*, 186*8*.  
STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.                 | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------|--------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                        |                          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Gray A. Surg.    | New Orleans La           |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        | Marine Hospital          | 199                              | 92             | 5              | 16               | 29                             | 16             | 1              | 2                | 360                                    | 16                          | 6              | 1              | 1                | 1                            | 1              | 1              | 1                | 7                     | 2              | 1              | 1                | 10     | 39                          | 205                               | 100            | 5              | 17               | 327                          | 61      | 20                    | 13      |                                      |                |                |                  |        | 27.777                                     |
|                        | Small Pox Branch         | 4                                | 4              | 1              | 1                | 1                              | 1              | 1              | 1                | 13                                     | 1                           | 1              | 1              | 1                | 1                            | 1              | 1              | 1                | 1                     | 1              | 1              | 1                | 1      | 1                           | 3                                 | 5              | 2              | 2                | 12                           | 11      | 1                     | 2       |                                      |                |                |                  |        |  |
|                        | Cholera Branch           |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        | Quarantine House         | 24                               | 10             |                |                  |                                |                |                |                  |  | 36                          |                |                |                  |                              |                |                |                  |                       | 1              |                |                  |        | 1                           | 1                                 | 25             | 10             |                  | 35                           | 15      |                       |         |                                      |                |                |                  | 27.777 |  |
|                        | Total                    | 229                              | 106            | 6              | 17               | 29                             | 17             | 2              | 3                | 409                                    | 17                          | 6              | 1              | 1                | 1                            | 1              | 1              | 1                | 8                     | 2              | 1              | 1                | 11     | 35                          | 203                               | 115            | 7              | 19               | 374                          | 87      | 21                    | 15      | 234                                  | 130            | 7              | 19               | 410    | 26.59                                      |
| A. C. Cochran M. Surg. | French Hosp. New Orleans | 11                               | 23             | 19             | 8                |                                |                |                |                  | 61                                     | 2                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |        | 2                           | 9                                 | 23             | 19             | 8                | 59                           | 41      | 1                     |         |                                      |                |                |                  |        | 400  |
| W. H. Riley A. Surg.   | Dispensary Algiers       | 4                                | 3              |                |                  | 20                             | 17             | 6              | 10               | 60                                     | 18                          | 15             | 4              | 8                | 2                            | 2              |                |                  |                       |                |                |                  |        | 49                          | 4                                 | 3              | 2              | 2                |                              |         |                       |         |                                      |                |                |                  |        | 300  |
| H. E. Jones A. Surg.   | Dispensary Havana        | 4                                | 1              | 1              |                  | 2                              | 7              |                |                  | 15                                     | 2                           | 3              |                |                  |                              |                |                |                  |                       |                |                |                  |        | 5                           | 4                                 | 5              | 1              |                  |                              |         |                       |         |                                      |                |                |                  | 300    |  |
|                        | Grand total.             | 248                              | 133            | 26             | 25               | 57                             | 41             | 8              | 13               | 575                                    | 39                          | 24             | 4              | 9                | 2                            | 2              |                |                  | 1                     | 8              | 2              | 1                | 11     | 91                          | 250                               | 146            | 29             | 29               | 433                          | 128     | 22                    | 15      | 484                                  | 273            | 107            | 29               | 1130   | 20.18                                      |

*A. C. Brachmelder*  
Surgeon *in Charge*  
*D. R. F. M. L.*  
*Dist. La.*



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending *May 16*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 .  
 STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |    |             |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|----|-------------|--|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |    |             |  |  |
|                 |          | 205                              | 100            | 5              | 19               | 26                             | 14             | 2              | 2                | 371                                    | 35                          | 15             | 2              |                  | X                            | 4              | 1              | 1                |                       |                | 51             | 202              | 98                          | 4                                 | 16      | 320   | 68      | 20                           | 13             |                       |                  |                                      |    | 16.17       |  |  |
|                 |          | 3                                | 3              | 2              | 2                | 1                              |                |                |                  | 13                                     |                             |                |                |                  |                              | 1              | 1              |                  |                       |                | 3              | 3                | 4                           | 2                                 | 1       | 10    | 13      | 1                            | 2              |                       |                  |                                      |    | 15.38       |  |  |
|                 |          | 25                               | 10             |                |                  |                                |                |                |                  | 35                                     |                             |                |                |                  |                              |                |                |                  |                       |                | 25             | 10               |                             |                                   | 33      | 15    |         |                              |                |                       |                  |                                      |    |             |  |  |
|                 |          | 233                              | 115            | 7              | 19               | 27                             | 14             | 2              | 2                | 419                                    | 25                          | 15             | 2              | 4                | X                            | 5              | 2              | 1                |                       |                | 54             | 230              | 112                         | 6                                 | 17      | 363   | 96      | 21                           | 15             | 251                   | 127              | 6                                    | 17 | 401 - 19.09 |  |  |

Surgeon U. S. \_\_\_\_\_ in charge.



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending 23, 186

*May*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



Surgeon .....

In charge of \_\_\_\_\_







WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N. O. La.*

District of *Louisiana*

FOR THE

Week ending *May 16* 186 *8.*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer, Bureau, Washington, D. C.

*Handwritten notes and signatures in the left margin, including "May 16" and "1868".*















The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *May 16<sup>th</sup>*, 186*8*.

REMARKS.

*A. A. Surgeon W. H. Gray U. S. A. Absent with leave.*

*See C S in adj. May 16<sup>th</sup>*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|------------|-----------------------|--------------------------------------|
| W. H. Gray.      | Actg. Surg. Major | St. O. La. | Absent                | Asst. Commr.                         |
| Samuel Angel     | "                 | "          | Present               | Surgeon-in-Chief                     |
| David Hershey    | "                 | "          | "                     | Asst. Commr.                         |
| Wm. M. Miller    | "                 | "          | "                     | Actg. Surg-in-Chief                  |
| Francis Barnes   | "                 | "          | "                     | Asst. Commr.                         |
| James H. F. Rice | Steward           | St. O. La. | Present               | Actg. Surg-in-Chief                  |

D. Hershey

A. A. Surgeon U. S. A.

Actg. - In charge of Freedmens Hospital

New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Fredericks Hospital, for the week ending Saturday, May 16<sup>th</sup>, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

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| NAME OF WRITER.                        | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |         |
|--|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|---------|
|  |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total.  |
| David Hensley.<br>A. A. Surgeon U.S.A. | New Orleans<br>La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  | OK   |         |
|  | Marine Hospital    | 205                              | 100            | 5              | 17               | 26                             | 14             | 2              | 2                | 37                                     | 25                          | 15             | 2              | 3                |                              |                |                |                  | 4                     | 1              | 1              |                  | 6                           | 51                                | 202          | 98             | 4              | 16                           | 320       | 68                    | 20    | 13                                   |              |                |                |                  | 16.17 ✓                                    |         |
|  | S. P. Branch       | 3                                | 5              | 2              | 2                | 1                              | "              | "              | "                | 13                                     | "                           | "              | "              | 1                | "                            | "              | "              | "                | 1                     | 1              | "              | "                | 2                           | 3                                 | 3            | 4              | 2              | 1                            | 10        | 13                    | 1     | 2                                    |              |                |                |                  | 15.385 ✓                                   |         |
|  | Cholera Branch     | "                                | "              | "              | "                | "                              | "              | "              | "                | "                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | "                                 | "            | "              | "              | "                            | "         | "                     | "     | "                                    | "            | "              | "              |                  |  |         |
|  | Dependent Women    | 25                               | 10             | "              | "                | "                              | "              | "              | "                | 38                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "                           | "                                 | 25           | 10             | "              | "                            | 35        | 15                    | "     | "                                    |              |                |                |                  |  |         |
|  | Total              | 233                              | 115            | 7              | 19               | 27                             | 14             | 2              | 2                | 419                                    | 25                          | 15             | 2              | 4                | "                            | "              | "              | "                | 5                     | 2              | 1              | "                | 8                           | 54                                | 230          | 112            | 6              | 17                           | 365       | 96                    | 21    | 15                                   | 251          | 127            | 6              | 17               | 401  | 19.09 ✓ |

D. Hensley  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*May 6*, 1868.

Forwarded by

*A. C. Smaymelder**Surgeon-in-Chief*  
*G. R. H. H. S.*  
*Dist. La.**Transd to G. M. June 9/68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## REMARKS.

*At St. Augustine M. H. Gray about 30 days on leave*  
*D. O. J. 45- Per 177 Hodge D. R. H. S. of La*  
*May 6, 1868. Said leave actually began May 11, 1868.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGES~~  
AND FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*May 16*, 1868.

*Forwarded by*

*A. L. Drayton*

*Surgeon-in-Chief  
of the 1st A. S. H. S.  
Quarters*

*Forwarded to C. M. Finney 1868*

REMARKS.

*At St Surgeon W. H. Gray absent 30 days on leave  
S. O. N. 45 Per 1st Hdqrs B. B. Fr. H. State of La  
May 6, 1868. Said leave actually began May 11, 1868.*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Atty Surg | New Orleans | Absent in<br>Levia    | Surgeon-in-Chief April '68           |
| Samuel Tynd      | "         | "           | Present               | Surgeon in Chief Oct '65             |
| David Hershey    | "         | "           | "                     | Asst. Surg. 127 Oct '64              |
| W. M. Miller     | "         | "           | "                     | Actg Surg in chief Nov '67           |
| Francis Barnes   | "         | "           | "                     | Asst. Surg. 127 Oct '64              |
| C. C. Radmore    | "         | Shanghai    | "                     | Asst. Surg. 127 Oct '64              |
| W. H. Riley      | "         | Algiers     | "                     | Surgeon in Chief Feb '67             |
| H. E. Jones      | "         | Mourve      | "                     | Surgeon-in-Chief April '68           |
| James H. P. Wise | Steward   | New Orleans | Present               | Actg Surg in chief Sept '67          |
| Robert Hall      | "         | Shanghai    | "                     | Surg in chg. Nov April '68           |

A. C. Bratzmiller

Surgeon-in-Chief

In charge of

D. R. F. A. L.  
Dut. Sa.



*Re*  
**REPORT** of Sick and Wounded ~~Refugees and Freedmen~~ *Consolidated* in *US Trueman Hospital Dispensary* for the week ending Saturday, *May 16<sup>th</sup>*, 1868.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |
|------------------------|-----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|--|
|                        |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |
| David Mershup A. Surg. | New Orleans La.       |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |
|                        | Maine Hospital        | 205                              | 100            | 5              | 17               | 26                             | 14             | 2              | 2                | 371   | 25                          | 15             | 2              | 3                |                              |                |                |                  | 4                     | 1              | 1              |                  | 6      | 51                          | 202                               | 98             | 4              | 16               | 320                          | 68      | 20                    | 13      |                                      |                |                |                  |        | 16.17                                      |  |
|                        | Small Pop Branch      | 3                                | 5              | 2              | 2                | 1                              |                |                |                  | 13  |                             |                |                | 1                |                              |                |                | 1                | 1                     |                |                | 2                | 3      | 3                           | 4                                 | 2              | 1              | 10               | 13                           | 1       | 2                     |         |                                      |                |                |                  | 159.85 |  |  |
|                        | Albion Branch         |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |
|                        | Dependents Home       | 25                               | 10             |                |                  |                                |                |                |                  | 35  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 25                                | 10             |                |                  | 35                           | 15      |                       |         |                                      |                |                |                  |        |  |  |
|                        | Total                 | 233                              | 115            | 7              | 19               | 27                             | 14             | 2              | 2                | 419   | 25                          | 15             | 2              | 4                |                              |                |                |                  | 5                     | 2              | 1              |                  | 8      | 54                          | 231                               | 112            | 6              | 17               | 365                          | 96      | 21                    | 15      | 251                                  | 127            | 6              | 17               | 401    | 19.09                                      |  |
| C. L. Radmore A. Surg. | Franklin St. Hospital | 9                                | 23             | 19             | 8                |                                |                |                |                  | 59  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 9                                 | 23             | 19             | 8                | 59                           | 4       | 1                     |         |                                      |                |                |                  |        |  |  |
| H. H. Riley A. Surg.   | Dispensary            | 4                                | 3              | 2              | 2                | 14                             | 12             | 12             | 1                | 50  | 16                          | 11             | 12             | 2                |                              |                |                |                  |                       |                |                |                  |        | 4                           | 1                                 | 2              | 4              | 2                | 1                            |         |                       |         |                                      |                |                |                  |        |  |  |
| H. E. Fox A. Surg.     | Dispensary            | 4                                | 5              | 1              |                  | 5                              | 4              | 1              |                  | 20  | 4                           | 2              | 1              |                  |                              |                |                |                  |                       |                |                |                  |        | 7                           | 5                                 | 7              | 1              |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |
|                        | Grand total           | 250                              | 146            | 29             | 29               | 46                             | 30             | 15             | 3                | 548   | 45                          | 28             | 15             | 6                |                              |                |                |                  | 5                     | 2              | 1              |                  | 8      | 102                         | 246                               | 146            | 28             | 26               | 424                          | 107     | 22                    | 15      | 485                                  | 272            | 106            | 81               | 671    | 14.60                                      |  |

*A. C. Smyth*  
 Surgeon *in charge*  
*D. R. ...*  
*Dist. La.*



# WEEKLY REPORT

OF

## SICK AND WOUNDED ~~REFUGEES~~ ~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana*

FOR THE

Week ending *May 16<sup>th</sup>*, 186*8*.

REMARKS.

*Rec<sup>d</sup> C. S. in ch May 21/8*

### DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



To  
A. A. Surgeon

In charge of Dispensary







WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE  
Week ending *May 16<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd Office of Surg. in ch. May 19/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *ex report*

9<sup>th</sup> District of *Louisiana*

FOR THE

Week ending *26<sup>th</sup> May*, 186*8*.

REMARKS

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D.C.*



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.   | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.    |
|---------------|---------|----------|-----------------------|---|
| C. L. Radmore | acting  | Steward  | Present               | S.O. No. 127. <del>Acting</del> La Bode |
| Robert Hill   | Steward | Steward  | Present               | acting C. L. Radmore April 1/68         |

Ch. Radmore

Re Surgeon A. J. C.

*In charge of*

In charge of *Hospital*



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in U. S. Freedmen's Hospital, for the week ending Saturday, 16<sup>th</sup> May  
STATION: Shreveport DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

[illegible]

66 Raimore  
aa - Surgeon U. S. a in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: Monroe.

District of Louisiana

FOR THE  
Week ending May 23<sup>d</sup>, 1868.

REMARKS-

*Rec'd O.S. in ch. May 24/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.        | RANK.                    | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|--------------|--------------------------|------------|-----------------------|--------------------------------------|
| H. E. Jones. | A.A. Surgeon<br>U. S. A. | Monroe La. | Present               | Surgeon in Chief April 1868          |

F. E. Jones  
A. A. Surgeon U. S.

A. A. Surgeon U. S. A.

In charge of Dispensary







## WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*Algiers*

District of

*Louisiana*

FOR THE

Week ending

*May 23<sup>rd</sup>*, 186 *8*.

REMARKS

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*R. & C. S. in ch 11 May 23/68*







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedmens Dispensary, for the week ending Saturday, May 23<sup>rd</sup>, 1868.  
 STATION: Algiers. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |         |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|---------|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total.  |
| W. H. Riley     | Algiers  | 3                                | 4              | 2              | 1                | 12                             | 10             | 12             | 9                | 53  | 9                           | 12             | 12             | 6                |                              |                |                |                  | 1                     |                |                | 2                | 3                           | 42                                | 4            | 2              | 2              | 2                            |           |                       |       |                                      | 300          | 300            | 200            | 200              | 1000                                       | 57.69 ✓ |

W. H. Riley  
a. a. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *May 23<sup>d</sup>*, 1868.

*Rec'd O.S. in office 8/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word *Freedmen* in the designation; and if of Freedmen, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*The Louisiana Hospital at Shreveport-la was discontinued May 23<sup>d</sup> 1868. By A.D. No 36, Genl Inspectors Bureau R. L. Adams, State of Louisiana New Orleans La April 7. 1868.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station:

*Shreveport*

District of

*Louisiana*

FOR THE

Week ending

*May 23<sup>d</sup>*

1868.

REMARKS.

The *Swampy* Hospital at Shreveport La was discontinued May 23<sup>d</sup> 1868. by S.O. No 36, Head Quarters Bureau R L & L. State of Louisiana New Orleans La April 7. 1868.

*Rec'd in office 8/68*



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.             | STATION.  | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------|-------------------|-----------|-----------------------|--------------------------------------|
| W. H. Radmore | Assistant Surgeon | Shimpotha | Present               | 10.10.127 Dist La H. La              |
| Robert Hill   | Assistant Surgeon | Shimpotha | Present               | 10.10.127 Dist La H. La              |

C. C. Radmore  
 Surgeon USA  
 In charge of Hospital



REPORT of Sick and Wounded Refugees and Freedmen in Pearson Hospital, for the week ending Saturday, May 23<sup>d</sup>, 1868.  
 STATION: Shreveport. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                          | STATION.      | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|---------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|  |               | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Chas Racmore<br>aa Surg USA<br>in Charge | Shreveport La | 9                                | 23             | 19             | 8                | 7                              |                |                |                  | 66                                     | 8                           | 16             | 7              | 16               | 15                           | 3              | 1              |                  |                       |                |                |                  |        |                             | 66                                | Final report   |                |                  |                              |         |                       | 1       |                                      |                |                |                  |        |  |

Chas. R. Moore  
aa Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *May 23*, 186*8*.

*Retain*

REMARKS-

*By S. O. Cho. 36, Hdqrs Bureau N. F. & F. State of Louisiana  
at New Orleans La April 7. 1868, the Freedmen's Hospital  
at Shreveport La was discontinued May 1868.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*Shreveport*

District of

*Acadiana*

FOR THE

Week ending

*May 23*

1868.

*Detainé*

REMARKS.

By S. O. No. 36, Hedgro Bureau R. F. & A. L. State of Louisiana  
New Orleans La April 7. 1868. The Freedmen's Hospital  
at Shreveport La was discontinued May 1868.







## WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.Station: *N. O. La.*District of: *Louisiana*

FOR THE

Week ending *May 23<sup>d</sup>*, 186*8*

REMARKS:

## DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

[illegible]

Wm. M. Miller

Q. Q.

Surgeon

In charge of Chloro Res. Hospital







WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *May 23<sup>d</sup>*, 186*8*.

REMARKS-

*Rec'd O.S. Inf May 25/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray       | A.A. Surg. U.S.A. | New Orleans La | Absent                | Asst. Commr                          |
| Samuel Angel     | A.A. Surg. U.S.A. | New Orleans La | Present               | Surgeon in Chief                     |
| David Hershey    | A.A. Surg. U.S.A. | New Orleans La | Present               | Asst. Commr                          |
| Wm. M. Miller    | A.A. Surg. U.S.A. | New Orleans La | Present               | Actg. Surg. in Chief                 |
| Francis Barnes   | A.A. Surg. U.S.A. | New Orleans La | Present               | Asst. Commr                          |
| James H. P. Hise | Surar             | New Orleans La | Present               | Actg. Surg. in Chief                 |

D. T. Pershey  
A. A. Surgeon U. S. A. 1015 Rang.  
In charge of Freedmen's Hospital  
New Orleans



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Frederick Hospital, for the week ending Saturday, May 23<sup>d</sup>, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION.               | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |              | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |   |
|--|------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------------|--|---|
|  |                        | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.       |  |   |
| <u>David Hershey</u><br><u>A. A. Surg. U. S. A.</u><br><u>Actg. Surg. in charge.</u> | <u>New Orleans</u>     |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              | <u>OK</u>                                  |   |
|  | <u>Marine Hospital</u> | 302                              | 98             | 4              | 16               | 32                             | 12             | 1              | 1                | 366                                    | 31                          | 8              | 2              | "                | "                            | "              | "              | 3                | 2                     | "              | "              | 5                | 46     | 200                         | 100                               | 3              | 17             | 320              | 68                           | 20      | 13                    |         |                                      |                |                |                  |              | <u>13.66</u>                               | ✓ |
|  | <u>S. P. Branch</u>    | 3                                | 4              | 2              | 1                | "                              | 1              | "              | "                | 11                                     | "                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 1      | 3                           | 4                                 | 2              | 1              | 10               | 13                           | 1       | 2                     |         |                                      |                |                |                  |              |  |   |
|  | <u>Cholera Branch</u>  | "                                | "              | "              | "                | "                              | "              | "              | "                | "                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | "                           | "                                 | "              | "              | "                | "                            | "       | "                     | "       | "                                    | "              | "              | "                |              |  |   |
|  | <u>Dependent Home.</u> | 25                               | 10             | "              | "                | "                              | "              | "              | "                | 35                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 25                          | 10                                | "              | "              | 35               | 15                           | "       | "                     |         |                                      |                |                |                  |              |  |   |
|  | <u>Total</u>           | 330                              | 112            | 6              | 17               | 32                             | 13             | 1              | 1                | 412                                    | 31                          | 9              | 2              | "                | "                            | "              | "              | 3                | 2                     | "              | "              | 5                | 47     | 228                         | 114                               | 5              | 18             | 365              | 96                           | 21      | 15                    | 249     | 129                                  | 5              | 18             | 401              | <u>12.15</u> | ✓  |   |

D. Hershey  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *May 28<sup>th</sup>*, 1868.

*Forwarded by*  
*A. C. Smaynolder*  
*Surgeon in Chief*  
*P. R. A. S. L.*  
*Dist. Sec*

*Forward to C. M. June 19/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*The Freedmen Hosp. at New Orleans discontinued  
May 29<sup>th</sup> 1868 as directed by S. O. No 26. 1868. Ad. ops Bureau  
State of La.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~RECEIVED~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*May 23<sup>rd</sup>*, 1868.

*Forwarded by*

*At. Surgeon-in-Chief*

*D. A. Smith*

*Dist. Sec.*

*Forward to C. M. Jones*

REMARKS.

*The Freedmen's Hosp. at Shreveport discontinued  
May 23<sup>rd</sup> 1868 as directed by S.O. No 26, CS. Ad. gen Bureau &  
State of La.*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|------------|-----------------------|--------------------------------------|
| W. H. Gray       | A. Surg | St. Louis  | Absent on<br>Leave    | Surgeon in Chief April 12/68         |
| Samuel Aydel     | "       | "          | Present               | Surgeon in Chief Oct 12/65           |
| David Hershey    | "       | "          | "                     | Act. Comd. S. 127. Oct 18/67         |
| W. M. Miller     | "       | "          | "                     | Acty. Surgeon in Chief Dec 30/67     |
| Francis Barnes   | "       | "          | "                     | Act. Comd. S. 18. cs. July 25/68     |
| E. C. Rodgers    | "       | Shreveport | "                     | Act. Comd. S. 127. 1st 18/67         |
| W. H. Riley      | "       | Algiers    | "                     | Surgeon in Chief July 12/67          |
| W. E. Jones      | "       | Monroe     | "                     | Surgeon in Chief April 1/68          |
| James H. P. Mier | Steward | St. Louis  | Present               | Acty. Surgeon in Chief Sept 1/67     |
| Robert A. Bell   | "       | Shreveport | "                     | Surgeon in Chief Sept April 1/68     |

A. C. Smutzwelder  
 Surgeon in Chief  
 In charge of District of Louisiana



*Unfiled*  
**REPORT** of Sick and Wounded ~~Refugees and Freedmen~~ *US Freedmen Hospitals Dispensaries* for the week ending Saturday, *May 23*, 1868.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.          | STATION.                    | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |
|--------------------------|-----------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|--|
|                          |                             | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |
| David Hershey M.D. Surg. | New Orleans La              |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |
|                          | Marine Hospital             | 202                              | 98             | 4              | 16               | 32                             | 12             | 1              | 1                | 366                                    | 31                          | 8              | 2              |                  |                              |                |                | 3                | 2                     |                |                | 5                | 46     | 200                         | 100                               | 3              | 17             | 320              | 68                           | 20      | 13                    |         |                                      |                |                |                  |        | 13.66                                      |  |
|                          | Smallpox Branch             | 3                                | 4              | 2              | 1                |                                |                |                |                  | 11                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 1      | 3                           | 4                                 | 2              | 1              | 10               | 13                           | 1       | 2                     |         |                                      |                |                |                  |        |  |  |
|                          | Cholera Branch              |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |
|                          | Dependent House             | 25                               | 10             |                |                  |                                |                |                |                  | 35                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        | 25                          | 10                                |                |                | 35               | 15                           |         |                       |         |                                      |                |                |                  |        |  |  |
|                          | Total                       | 230                              | 112            | 6              | 17               | 32                             | 13             | 1              | 1                | 412                                    | 31                          | 8              | 2              |                  |                              |                |                | 3                | 2                     |                |                | 5                | 47     | 228                         | 114                               | 5              | 18             | 365              | 96                           | 21      | 15                    | 249     | 129                                  | 5              | 18             | 401              | 12.14  |  |  |
| C. C. Radmore M.D. Surg. | Freda's Hospital Shreveport | 9                                | 23             | 19             | 8                | 7                              |                |                |                  | 66                                     |                             | 8              | 16             | 7                | 16                           | 15             | 3              | 1                |                       |                |                |                  | 66     | Last Report                 |                                   |                |                |                  |                              | 1       |                       |         |                                      |                |                |                  |        |  |  |
| W. H. Riley M.D. Surg.   | Dispensary Algiers          | 2                                | 4              | 2              | 1                | 12                             | 10             | 12             | 9                | 52                                     | 9                           | 12             | 12             | 6                |                              |                |                | 1                |                       |                | 2              | 3                | 4      | 2                           | 2                                 | 2              |                |                  |                              |         |                       |         | 200                                  | 200            | 200            | 200              | 800    | 57.69                                      |  |
| W. E. Foss M.D. Surg.    | Dispensary Monroe           | 5                                | 7              | 1              |                  | 8                              | 9              |                | 3                | 33                                     | 4                           | 6              |                | 3                |                              |                |                |                  |                       |                |                |                  | 13     | 9                           | 10                                | 1              |                |                  |                              |         |                       |         | 200                                  | 200            | 200            | 200              | 800    |  |  |
|                          | Grand Total                 | 246                              | 146            | 29             | 26               | 59                             | 32             | 13             | 13               | 563                                    | 44                          | 35             | 38             | 16               | 16                           | 15             | 8              | 1                | 4                     | 2              |                | 2                | 8      | 168                         | 241                               | 126            | 8              | 20               | 365                          | 96      | 22                    | 15      | 549                                  | 229            | 405            | 418              | 2401   | 414.21                                     |  |

*A. C. Swartzmiller*  
 Surgeon *in Charge*  
*R. L. H. L.*  
*Dist. Sec.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana.*

FOR THE  
Week ending *May 30<sup>th</sup>*, 1868.

REMARKS-

*Rec'd A. S. in Chief June 7/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*Shreveport*

District of:

*Louisiana*

FOR THE

Week ending *27<sup>th</sup> May*, 1868.*Rec'd O.S. in Off June 1<sup>st</sup> 68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## REMARKS.

*A despatch for Refugees and Freedmen was taken  
by mail of 24<sup>th</sup> May 1868, by A.O.  
No. 36 Head Quarters Bureau R. & H. New Orleans La.  
April 7<sup>th</sup> 1868*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

District of *Shreveport*  
*Shreveport*

FOR THE

Week ending *23rd May*, 1868.

*Rec'd A.D. in office June 19th 1868*

REMARKS.

*A dispensary for Refugees and Freedmen was established at Shreveport La May 24, 1868, by A.O. No. 36 Head Quarters Bureau R. R. St. New Orleans La: April 7, 1868*







REPORT of Sick and Wounded Refugees and Freedmen in *Quarters at Freedmen's Dispensary*, for the week ending Saturday, *May 30*, 1868.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                          | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| C. L. Radmore<br>As Surgeon<br>In Charge |          | First report                     |                |                |                  | 10                             | 8              | 4              | 3                | 25                                     | 6                           | 2              | 1              |                  |                              |                |                |                  |                       |                |                |                  | 10     | 4                           | 6                                 | 3              | 2              |                  |                              | 1       |                       | 4000    | 3000                                 | 600            | 400            | 8000             |        |  |

*C. L. Radmore*

*As Surgeon U. S. A. in charge.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *May 30<sup>th</sup>*, 186*8*.

REMARKS-

*R. d. C. D. in office 30/*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedom's Dispensary, for the week ending Saturday, May 30<sup>th</sup>, 1868.  
 STATION: Algiers. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>W. B. Riley</u> | <u>Algiers</u> | <u>4</u>                         | <u>2</u>       | <u>2</u>       | <u>2</u>         | <u>10</u>                      | <u>10</u>      | <u>16</u>      | <u>8</u>         | <u>54</u>                              | <u>11</u>                   | <u>8</u>       | <u>16</u>      | <u>8</u>         |                              |                |                |                  |                       |                |                |                  | <u>44</u>                   | <u>3</u>                          | <u>4</u>       | <u>2</u>       | <u>1</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>18.52</u> ✓                             |

W B Riley  
a a Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *May 30<sup>th</sup>* 186*8*

REMARKS-

*Rec'd O.S. in ch/ May 30/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.          | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|-------------------|-----------------------|--------------------------------------|
| H. H. Gray       | Assistant Surgeon | N. O. La.         | Absent                | Asst. Commr.                         |
| Samuel Angel     | Assistant Surgeon | " " "             | Present               | Surg. in-charge.                     |
| David Hershey    | Assistant Surgeon | " " "             | Present               | Asst. Commr.                         |
| Wm M. Miller     | Assistant Surgeon | " " "             | Present               | Actg Surg. in-Chief                  |
| Francis Barnes   | Assistant Surgeon | " " "             | Present               | Asst. Commr.                         |
| James H. P. Ware | Assistant Surgeon | Clinton N. O. La. | Present               | Actg. Surg. in-Chief                 |

W. J. Hershey

A. A. Surgeon U.S.A.

Actg Surg In charge of Freedman's Hospital  
New Orleans La.



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, May 30<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.   | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|   |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| David Hershey.<br>A. A. Surg. U. S. A.<br>Adg. Surg-in-Chg. | New Orleans<br>La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

D. Hershey  
 A. A. Surgeon U. S. A. in charge.



**DIRECTIONS.**

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Consolidated*  
WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *May 30*, 1868.

Forwarded by  
*A. C. Marymiller*  
Surgeon-in-Chief  
*P. R. H. L.*  
Dist. Secy

*Transd to C. M. June 13/68*

REMARKS.

*Det. S. C. No 24 h. d. Rogers Det Comr State of La.  
a D. infirmary for R. I. was established at  
Shreveport La. May 24, 1868, in view of the  
Hospital closed the 23rd of the same month,  
Robert Allen D. is charged May 23 as Staff Steward,  
his services being no longer required, and reemployed  
May 24 as Dressmaking clerk.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

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OF

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Station:

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District of

*Louisiana*

Week ending

FOR THE

*May 20*, 1868.

*Forwarded by*

*A. C. Smithmaster*

*Surgeon-in-Chief  
of the U. S. A. I.  
Orleans*

*Trans. to R. M. June 19/68*

REMARKS.

By S. C. No 36 U. S. Hdqrs Dist Comr State of La.  
a Dispensary for R & F, was established at  
Sprentport La. May 24, 1868, in lieu of the  
Hospital closed the 23<sup>rd</sup> of the same month.  
Robert Abell Discharged May 23 as Hosp Steward,  
his services being no longer required, and reemployed  
May 24 as Dispensary Clerk.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.               | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------------------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | St. A. Surg.        | New Orleans | Absent on<br>Leave    | Surgeon in Chief April 1868          |
| Samuel Angel     | "                   | "           | Present               | Surgeon in Chief Oct 1865            |
| David Hershey    | "                   | "           | "                     | Act Comd. S. O. 127 Oct 1867         |
| W. W. Miller     | "                   | "           | "                     | Actg. Surgeon in Chief Nov 30/67     |
| Francis Burns    | "                   | "           | "                     | Act Comd. S. O. 118 Feb 25/68        |
| E. C. Radmore    | "                   | Shreveport  | "                     | Act Comd. S. O. 127 Oct 1867         |
| W. H. Riley      | "                   | Algiers     | "                     | Surgeon in Chief May 12/67           |
| H. E. Jones      | "                   | Monroe      | "                     | Surgeon in Chief April 1868          |
| James H. P. Wise | Steward             | New Orleans | Present               | Actg. Surgeon in Chief Sept 1867     |
| Robert Hall      | Dispensing<br>Clerk | Shreveport  | "                     | Surgeon in charge May 24/68          |

A. C. Smatzewelder

Surgeon-in-Chief

In charge of

District of Louisiana



*Consolidated*  
**REPORT** of Sick and Wounded ~~Refugees and Freedmen~~ in *U. S. Freedmen Hospital - Dispensaries* for the week ending Saturday, *May 30*, 1868.

STATION: *New Orleans* . DISTRICT OF *Louisiana* , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.                | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |
|----------------------|-------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|
|                      |                         | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |
| David Hershlag, M.D. | New Orleans La          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                      | Morris Hospital         | 200                              | 110            | 5              | 17               | 46                             | 16             | 3              | 2                | 387                                    | 30                          | 6              |                |                  | 2                            |                |                | 2                | 2                     |                |                | 4                | 42     | 214                         | 106                               | 6              | 19             | 345              | 43                           | 21      | 19                    |         |                                      |                |                |                  |        | 110.34                                     |       |
|                      | Smallpox Branch         | 3                                | 4              | 2              | 1                | 1                              |                |                |                  | 11                                     | 1                           |                | 1              |                  |                              |                |                |                  |                       |                |                |                  | 2      | 3                           | 4                                 | 2              |                | 9                | 14                           |         |                       |         |                                      |                |                |                  |        | 2  |       |
|                      | Cholera Branch          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                      | Dependent Homes         | 25                               | 10             |                |                  | 6                              | 7              |                |                  | 48                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  | 1      | 31                          | 17                                |                |                | 48               | 2                            |         |                       |         |                                      |                |                |                  |        |  |       |
|                      | Total                   | 228                              | 114            | 5              | 18               | 53                             | 23             | 3              | 2                | 446                                    | 31                          | 6              | 1              |                  | 2                            |                |                | 2                | 2                     |                |                | 4                | 44     | 248                         | 127                               | 8              | 19             | 402              | 59                           | 21      | 15                    | 269     | 142                                  | 8              | 19             | 438              |        | 89.7                                       |       |
| C. C. Robinson, M.D. | Dispensary, New Orleans |                                  |                |                |                  | 10                             | 8              | 4              | 3                | 25                                     | 6                           | 2              | 1              |                  |                              |                |                |                  |                       |                |                |                  | 10     | 4                           | 6                                 | 3              | 2              |                  |                              | 1       |                       |         |                                      |                |                |                  |        | Home for Colored Sick                      |       |
| W. H. Riley, M.D.    | Dispensary, Algiers     | 4                                | 2              | 2              | 2                | 10                             | 10             | 16             | 8                | 54                                     | 11                          | 8              | 16             | 8                |                              |                |                |                  |                       |                |                |                  | 44     | 3                           | 4                                 | 2              | 1              |                  |                              |         |                       |         |                                      |                |                |                  |        | 300 300 200 200 100                        | 185.2 |
| H. E. Jones, M.D.    | Dispensary, Metairie    | 9                                | 10             | 1              |                  | 7                              | 7              | 1              | 1                | 36                                     | 3                           | 5              | 2              | 1                |                              |                |                |                  |                       |                |                |                  | 11     | 13                          | 12                                |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        | 300 300 200 200 100                        |       |
|                      | Grand Total             | 241                              | 126            | 8              | 20               | 80                             | 48             | 24             | 14               | 661                                    | 51                          | 21             | 19             | 11               |                              |                |                |                  |                       |                |                | 109              | 268    | 149                         | 13                                | 22             | 402            | 59               | 22                           | 15      | 486                   | 274     | 100                                  | 119            | 649            |                  | 8.91   |  |       |

*A. C. Smyth, M.D.*  
 Surgeon U. S. Army  
*in charge*  
*Dist. La*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La.*

District of *Louisiana*

FOR THE  
Week ending *May 30<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



In charge of *Chakira B. N. P. Harp*



REPORT of Sick and Wounded Refugees and Freedmen in *Cholera and S. P. Hospital*, for the week ending Saturday, *May 30*, 186*8*.  
 STATION: *New Orleans La.* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.     | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |          | NUMBER OF ATTENDANTS. |          | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |          | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---------------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|----------|-----------------------|----------|--------------------------------------|----------------|----------------|------------------|----------|--|
|                     |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.                      | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.  | Male.                 | Female.  | Adult males.                         | Adult females. | Male children. | Female children. | Total.   |  |
| <i>W. D. Miller</i> | <i>N. O. La.</i> | <i>6</i>                         | <i>6</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>                       | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>15</i>                              | <i>1</i>                    | <i>1</i>       | <i>1</i>       | <i>"</i>         | <i>"</i>                     | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>1</i>              | <i>"</i>       | <i>"</i>       | <i>"</i>         | <i>"</i>                    | <i>8</i>                          | <i>5</i>       | <i>1</i>       | <i>"</i>         | <i>14</i>                    | <i>3</i> | <i>1</i>              | <i>2</i> | <i>9</i>                             | <i>7</i>       | <i>1</i>       | <i>"</i>         | <i>"</i> | <i>66 2/3</i>                              |

*W. D. Miller*  
*A. A.*, Surgeon U. S. A in charge.



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending

*May 30*

, 186

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



Surgeon .....

In charge of .....



REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 \_\_\_\_.

STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |  |  |       | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|--|--|-------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |  |  |       |  |
|                 |          | 200                              | 100            | 3              | 17               | 46                             | 16             | 3              | 2                | 387                                    | 30                          | 6              |                |                  | 2                            |                |                | 2                | 2                     |                |                | 42               | 214                         | 106                               | 6       | 19    | 345     | 43                           | 20             | 13                    |                  |                                      |  |  | 10.33 |  |
|                 |          | 3                                | 4              | 2              | 1                | 1                              |                |                |                  | 11                                     | 1                           |                |                | 1                |                              |                |                |                  |                       |                |                | 2                | 3                           | 4                                 | 2       | "     | 9       | 14                           | 0              | 2                     |                  |                                      |  |  |       |  |
|                 |          | 25                               | 10             |                |                  | 6                              | 7              |                |                  | 48                                     |                             |                |                |                  |                              |                |                |                  |                       |                |                | 3                | 1                           | 7                                 | "       | "     | 48      | 2                            |                |                       |                  |                                      |  |  |       |  |
|                 |          | 228                              | 114            | 5              | 18               | 53                             | 23             | 3              | 2                | 446                                    | 31                          | 6              |                | 1                | 2                            |                |                | 2                | 2                     |                |                | 44               | 248                         | 127                               | 8       | 19    | 402     | 59                           | 21             | 15                    |                  |                                      |  |  | 8.96  |  |

Surgeon U. S. \_\_\_\_\_ in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Newport*

District of *Lumina*

FOR THE  
Week ending *May 31*, 1868.

*Retain*

*1<sup>st</sup> Report*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*See Report for Refugees and Freedmen  
at the end of the week  
No 36  
7. 1868*



**DIRECTIONS.**

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Wash D.C.*  
District of *Washington*

FOR THE

Week ending *May 31*, 1868.

*Return*

*10-6-68*

REMARKS.

*A dispensary for Refugees & Freedmen was  
established at Annapolis La. May 24. 1868 by  
\$10 10 36 Recd from Bureau R F 2 1st April  
7. 1868*



*In charge of* .....



REPORT of Sick and Wounded Refugees and Freedmen in *Quarters at Steamers Dispensary*, for the week ending Saturday, *May 30<sup>th</sup>*, 1868.  
 STATION: *Shreveport*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <i>H. L. Ransom</i><br><i>As Surgeon</i><br><i>In Charge</i> |          | <i>First report</i>              |                |                |                  | <i>10</i>                      | <i>8</i>       | <i>4</i>       | <i>3</i>         | <i>25</i>                              | <i>6</i>                    | <i>2</i>       | <i>1</i>       | <i>1</i>         |                              |                |                |                  |                       |                |                |                  |        | <i>10</i>                   | <i>4</i>                          | <i>6</i>       | <i>3</i>       | <i>2</i>         |                              |         | <i>1</i>              |         |                                      |                |                |                  |        |  |

*H. L. Ransom*  
*As Surgeon U. S. A.* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*

District of \_\_\_\_\_

FOR THE  
Week ending *May 30*, 186*8*

*Retain*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*May 1868 - Disposition for Refugees and Freedmen was established at Shreveport La. By S.O. No. 36 Hdqrs Bureau P. L. & H. Stevens La. April 7. 1868.*

*34  
14  
51*

*15  
31  
46  
14  
32*

*17*

*46  
14  
32*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*Shenandoah*

District of

FOR THE

Week ending

*May 30*, 1868

*Station*

REMARKS.

*May 1868 a Dispensary for Refugees and Freedmen was established at Shenandoah La. By S.O. No. 36 Hdqrs Bureau R.F. & A.L. Furmans La. April 7. 1868.*

*34  
17  
51*

*15  
31  
46  
14  
32*

*17*

*46  
14  
32*



*In charge of* .....



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *Quarters at Freedmen's Dispensary*, for the week ending Saturday, *May (30<sup>th</sup>?)*, 1868.  
 STATION: *Shreveport*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                                   | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|   |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| C. C. Redmond<br>A. A. Surg, u.s.a.<br>In charge. |          | First report                     |                |                |                  | 108                            | 43             |                |                  | 25                                     | 6                           | 2              | 1              |                  |                              |                |                |                  |                       |                |                |                  | 10     | 4                           | 6                                 | 3              | 2              |                  |                              | 1       |                       | 600     | 300                                  | 60             | 400            | 600              |        |  |

\* or, if such be the fact, "for part of the week."

Surgeon U. S. in charge.



Louisiana, C. M. C.  
Weekly Reports of  
Sick and Wounded  
Freedmen.

Station: Monroe, La.  
June, July + Aug. /68  
Algiers, La.  
Sept + Oct /68  
Shreveport, La.  
Nov. 1868

166/-



CLAIMANT.

*Late* ..... *Co.* ..... *Regt.* .....

*U. S. C. T.* .....

*Amount due \$* .....

BY WHOM WITHDRAWN.

OFFICE MARK.

*A. G. O. | F. B. | 187 .*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana*

FOR THE  
Week ending *June 6<sup>th</sup>*, 1868.

REMARKS.

*Rec'd. O. S. in office June 9/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.        | RANK.          | STATION.           | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.         |
|--------------|----------------|--------------------|-----------------------|--|
| H. E. Jones. | A. A. Surgeon. | U. S. A. Monroe La | Present.              | Surgeon in Chief April 1 <sup>st</sup> 1868. |

*A. E. Jones*  
A.A. Surgeon U.S.A.

A.A. Surgeon U.S.A.

In charge of Dispensary



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Quarters., for the week ending Saturday, June 6<sup>th</sup>, 1868.

STATION: Monroe . DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.   | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|
|                 |            | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  |
| J. R. Huston.   | Monroe La. | 13                               | 12             | "              | "                | 5                              | 7              | "              | 1                | 38                                     | 8                           | 6              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 14               | 10                          | 13                                | "            | 1              |                |                              |           |                       |       | 300                                  | 300          | 200            | 200            | 1000             |  |

*H. E. Jones*  
A. A. Surgeon

A. A. Surgeon U. S. A. in charge of  
Dispensary.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*

District of *Louisiana*

FOR THE  
Week ending *June 6<sup>th</sup>*, 186*8*.

*Retain*

REMARKS.

*Retain - when in hospital  
Shreveport 20. 1868 - under medical  
superintendence. 24. 1868.*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station:

*Worcester*

District of

*Massachusetts*

FOR THE

Week ending

*June 6<sup>th</sup>*

, 1868.

*Estlin*

REMARKS.

*Robert Allen was discharged as follows.  
Stomach June 2<sup>nd</sup> 1868 on leave until June 15<sup>th</sup>  
Discharged June 24<sup>th</sup> 1868.*



LIST OF MEDICAL OFFICERS.

| NAME.        | RANK. | STATION.        | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|--------------|-------|-----------------|-----------------------|--------------------------------------|
| W. C. Ransom | Major | Shreveport, La. | Present               | Sept 27, 1868                        |
| Robert Allen | Major | Shreveport, La. | Present               | Sept 27, 1868                        |
| Robert Allen | Major | Shreveport, La. | Present               | Sept 27, 1868                        |

W. C. Ransom  
 All Surgeon USA  
 In charge of Dispensary



# REPORT of Sick and Wounded Refugees and Freedmen in *Quarters at Freedmen Dispensary*, for the week ending Saturday, *June 6*, 1868.

STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                          | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |   |    |    |       | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---|----|----|-------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. | Total.                               |   |    |    |       |  |
| C. C. Radmore<br>As Surgeon<br>In Charge | June 13- | 4                                | 6              | 3              | 2                | 10                             | 12             | 6              | 3                | 46                                     | 5                           | 5              | 3              | 1                |                              |                |                |                  |                       |                | 14             | 8                | 13                          | 6                                 | 4       |       |         | 1                            |                | 4                     | 3                | 6                                    | 4 | 19 |    |       |  |
|  | "        | 4                                | 6              | 3              | 2                | 10                             | 9              | 5              | 3                | 42                                     | 5                           | 5              | 3              | 1                |                              |                |                |                  |                       |                | 14             | 9                | 10                          | 5                                 | 4       |       |         | 1                            |                | 4                     | 3                | 6                                    | 4 | 19 |    |       |  |
|  | " 21"    | 9                                | 10             | 5              | 4                | 12                             | 8              | 6              | 4                | 58                                     | 12                          | 8              | 5              | 4                |                              |                |                |                  | 1                     |                | 1              | 30               | 9                           | 10                                | 5       | 4     |         |                              | 1              |                       | 4                | 3                                    | 6 | 4  | 19 | 17    |  |
|  | " 27"    | 5                                | 9              | 6              | 5                | 16                             | 18             | 4              | 10               | 80                                     | 13                          | 17             | 12             | 11               |                              |                |                |                  | 1                     |                | 1              | 54               | 8                           | 6                                 | 8       | 4     |         |                              | 1              |                       | 4                | 3                                    | 6 | 4  | 19 | 12.57 |  |
|  | July 24  | 8                                | 6              | 8              | 4                | 15                             | 11             | 9              | 20               | 99                                     | 14                          | 15             | 11             | 11               |                              |                |                |                  | 1                     |                | 1              | 1                | 66                          | 9                                 | 8       | 11    | 13      |                              |                | 1                     |                  | 4                                    | 3 | 6  | 4  | 19    | 10.10                                      |
| For June Monthly                         |          | 6                                | 4              | 3              | 3                | 48                             | 44             | 32             | 23               | 147                                    | 44                          | 43             | 21             | 28               |                              |                |                |                  | 1                     |                | 2              | 136              | 31                          | 35                                | 24      | 17    |         |                              |                |                       | 4                | 3                                    | 6 | 4  | 19 | 12.27 |  |

*C. C. Radmore*

*Surgeon U. S. A. in charge.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La*

District of *Louisiana*

FOR THE  
Week ending *June 6<sup>th</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in *Cholera and S. P. Hospital*, for the week ending Saturday, *June 6*, 186*8*.  
 STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm. M. Miller   | New Orleans, La. | 8                                | 5              | 1              | "                | 1                              | "              | "              | "                | 15                                     | 2                           | "              | "              | "                | "                            | "              | "              | 1                | "                     | "              | "              | 1                | 3      | 6                           | 5                                 | 1              | "              | 12               | 1                            | 2       | 1                     | 1       | 1                                    | "              | 15             |                  |        |  |

*Wm. M. Miller*  
 U. S. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE  
Week ending *June 6<sup>th</sup>*, 186*8*.

REMARKS-

*Rec'd C. S. in Chief June 11/8*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.     | RANK. | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.       |
|-----------|-------|----------|-----------------------|--|
| W B Riley | capt  | Algiers  | Present               | Surg en Chief<br>Feb 12 <sup>th</sup> 1867 |

34 26 Riley

aa Surgeon *2/1/40*

In charge of *Fredericus Dispen*











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *June 6*, 186*8*.

REMARKS-

*Rec'd at S. in off June 13/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *June 6<sup>th</sup>*, 186*8*.

REMARKS-

*Rec<sup>d</sup> O S in ch June 11/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.                | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|----------------------|----------|-----------------------|--------------------------------------|
| W. H. Gray     | AA Surgeon U.S.A.    | N. O. La | Absent                | Asst. Commr.                         |
| Samuel Angel   | AA Surgeon U.S.A.    | N. O. La | Present               | Surg-in-Chief                        |
| David Hershey  | AA Surgeon U.S.A.    | N. O. La | Present               | Asst. Commr.                         |
| Wm. M. Miller  | A. A. Surgeon U.S.A. | N. O. La | Present               | Actg. Surg-in-Chief                  |
| Francis Barnes | AA Surgeon U.S.A.    | N. O. La | Absent                | Asst. Commr.                         |
| James H. H. H. | Steward              | N. O. La | Present               | Actg. Surg-in-Chief                  |

W. Hershey  
 A. A. Surgeon U.S.A.  
 Actg. in charge of Freedmen's Hospital  
 New Orleans, La.



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, June 6<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                        | STATION.          | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|  |                   | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| David Horsburg<br>A. A. Surg. U. S. A. | New Orleans<br>La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

D. Horsburg  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *June 6*, 186*8*.

*Forwarded by*  
*A. C. Smarsholder*  
*Surgeon in Chief*  
*D. R. H. A. L.*  
*Dist. La*

*Forw'd to G. W. June 15/68*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | At Surg | New Orleans | absent on<br>Leave    | Surgeon in Chief April '68           |
| Samuel Angel     | "       | "           | Present               | Surgeon in Chief Oct '65             |
| David Hershby    | "       | "           | "                     | Asst Comd S. O. 127 Oct '67          |
| W. M. Miller     | "       | "           | "                     | Actg Surg in Chief Nov '67           |
| Francis Darny    | "       | "           | "                     | Asst Comd S. O. 18 Oct '68           |
| E. C. Radmore    | "       | Shreveport  | "                     | Asst Comd S. O. 127 Oct '67          |
| W. H. Riley      | "       | Algiers     | "                     | Surgeon in Chief July '67            |
| H. E. Jones      | "       | Memph       | "                     | Surgeon in Chief Apr '68             |
| James H. P. Rice | Steward | New Orleans | Present               | Actg Surg in Chief Sept '67          |

A. C. Smadgelder

Surgeon in Chief

In charge of

District of Louisiana



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *US Freedmen's Hospital Dispensaries* for the week ending Saturday, *June 6<sup>th</sup>*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.            | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------------|---------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                        |                     | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| David Hurdley A. Surg. | New Orleans La      |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        | Morris Hospital     | 214                              | 106            | 6              | 19               | 25                             | 7              | 4              | 3                | 384   | 30                          | 5              | 1              | 1                |                              |                |                |                  | 3                     | 1              |                |                  | 4      | 41                          | 206                               | 107            | 9              | 21               | 343                          | 45      | 21                    | 12      |                                      |                |                |                  |        | < 10.42                                    |
|                        | Smallpox Branch     | 3                                | 4              | 2              |                  |                                |                |                |                  | 9   |                             |                |                |                  |                              |                |                |                  | 1                     |                |                |                  | 1      | 1                           | 2                                 | 4              | 2              |                  | 8                            | 15      |                       | 2       |                                      |                |                |                  |        | > 11.11                                    |
|                        | Cholera Branch      | 1                                |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        | Dependent Morris    | 31                               | 17             |                |                  |                                |                |                |                  | 48  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 31                                | 17             |                |                  | 48                           | 2       |                       |         |                                      |                |                |                  |        |  |
|                        | Total               | 248                              | 127            | 8              | 19               | 25                             | 7              | 4              | 3                | 441   | 30                          | 5              | 1              | 1                |                              |                |                |                  | 4                     | 1              |                |                  | 5      | 42                          | 234                               | 128            | 11             | 21               | 399                          | 62      | 21                    | 14      | 260                                  | 142            | 11             | 21               | 434    | < 11.34                                    |
| C. C. Palmer A. Surg.  | Dispensary Sherborn | 4                                | 6              | 3              | 2                | 10                             | 9              | 5              | 3                | 42  | 5                           | 5              | 3              | 1                |                              |                |                |                  |                       |                |                |                  | 14     | 9                           | 10                                | 5              | 4              |                  |                              | 1       |                       | 400     | 300                                  | 600            | 400            | 800              |        |  |
| W. H. Riley A. Surg.   | Dispensary Agassiz  | 3                                | 4              | 2              | 1                | 15                             | 15             | 12             | 7                | 59  | 13                          | 16             | 11             | 5                |                              |                |                |                  |                       |                |                |                  | 45     | 5                           | 3                                 | 3              | 3              |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 1000             |        |  |
| H. E. Davis A. Surg.   | Dispensary Moore    | 13                               | 12             |                |                  | 5                              | 7              |                | 1                | 38  | 8                           | 6              |                |                  |                              |                |                |                  |                       |                |                |                  | 14     | 10                          | 13                                |                | 1              |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 1000             |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                        |                     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |

*A. C. Smalley*  
 Surgeon *in Chief*  
*G. R. F. L.*  
*Dist. La*



WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: \_\_\_\_\_

District of \_\_\_\_\_

FOR THE

Week ending

*June 13<sup>th</sup>*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 .

STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |   |  |       | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|---------|-------|---------|------------------------------|----------------|-----------------------|------------------|--------------------------------------|---|--|-------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. |                                      |   |  |       |  |
|                 |          | 206                              | 107            | 9              | 21               | 21                             | 8              | 3              | 1                | 276   | 30                          | 8              | 1              | 2                | 1                            | 1              |                | 3                | 3                     |                | 4              | 53               | 194                         | 103                               | 10      | 16    | 3       | 23                           | 65             | 21                    | 12               |                                      |   |  |       | 26.56                                      |
|                 |          | 2                                | 4              | 2              |                  |                                |                |                |                  | 8   | 2                           | 1              |                |                  |                              |                |                |                  |                       |                |                | 3                | "                           | 3                                 | 2       | "     | 5       | 1                            | 8              |                       |                  |                                      | 2 |  |       |  |
|                 |          | 31                               | 17             |                |                  |                                |                |                |                  | 48  |                             |                |                |                  |                              |                |                |                  |                       |                |                | 31               | 17                          |                                   |         |       | 48      | 2                            |                |                       |                  |                                      |   |  |       |  |
|                 |          | 239                              | 128            | 11             | 21               | 21                             | 8              | 3              | 1                | 432   | 32                          | 9              | 1              | 2                | 1                            | 1              |                | 3                | 3                     |                | 24             | 56               | 235                         | 123                               | 12      | 16    | 3       | 76                           | 83             | 21                    | 14               |                                      |   |  | 23.14 |  |

Surgeon U. S. \_\_\_\_\_ in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N.O. La*

District of *Louisiana*

FOR THE  
Week ending *June 13<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



2019

W. D. Miller  
a a Surgeon M. A.  
In charge of Cholera & S. D. Hospital



REPORT of Sick and Wounded Refugees and Freedmen in *Cholera and S. D. Hospital*, for the week ending Saturday, *June 13<sup>th</sup>*, 186*8*.  
 STATION: *New Orleans*. DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| Wm. M. Miller   | A               |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
| Wm. M. Miller   | New Orleans La. | 6                                | 5              | 1              | "                | 1                              | "              | "              | "                | 13                                     | 7                           | 1              | 1              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 3      | 4                           | 5                                 | "              | "              | 10               | 7                            | 1       | 2                     | 6       | 7                                    | "              | "              | 15               | "      |  |

*Wm. M. Miller*  
*aa* Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: Monroe

District of Louisiana

FOR THE

Week ending June 13<sup>th</sup>, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*

*Rec'd O S in chff June 14/68*







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedmen's Dispensary, for the week ending Saturday, June 13<sup>th</sup>, 1868.  
 STATION: Monroe. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.    | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |             | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| H. E. Jones.    | Monroe, La. | 10                               | 13             | "              | 1                | 2                              | 6              | 3              | "                | 35  | 9                           | 5              | 3              | 1                | "                            | "              | "              | "                | "                     | "              | "              | "                | 18     | 3                           | 14                                | "              | "              | "                | "                            | "       | "                     | "       | 300                                  | 300            | 200            | 200              | 1000   | OK   |

H. E. Jones  
 A. A. Surgeon U. S. A. in charge of  
 Dispensary.



## WEEKLY REPORT

OF

SICK AND WOUNDED ~~IN THE ARMY~~  
~~AND~~ FREEDMEN.

Station:

*Algiers*

District of

*Louisiana*

FOR THE

Week ending

*June 13<sup>th</sup>*, 186*8*.

REMARKS-

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Rec<sup>d</sup> C S in Ch June 15/68*



In charge of *Klebsium Dispensary*



REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedmen's Dispensaries, for the week ending Saturday, June 13<sup>th</sup>, 1868.  
 STATION: Algiers. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>W. H. Riley</u> | <u>Algiers</u> | <u>5</u>                         | <u>3</u>       | <u>3</u>       | <u>3</u>         | <u>16</u>                      | <u>12</u>      | <u>7</u>       | <u>8</u>         | <u>57</u>                              | <u>17</u>                   | <u>13</u>      | <u>8</u>       | <u>9</u>         |                              |                |                |                  | <u>2</u>              |                |                |                  | <u>2</u> | <u>49</u>                   | <u>2</u>                          | <u>2</u>       | <u>2</u>       | <u>2</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>35.09</u> ✓                             |

W. H. Riley  
a Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Greenville*

District of *Louisiana*

FOR THE

Week ending *June 13<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards, will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Rec'd C. S. in ch June 14/68*



## LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.         | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------|---------------|----------|-----------------------|--------------------------------------|
| W. L. Radmore | Quartermaster | Present. | Sept 12/12            | Dist. La. Militiaman                 |
| Robert Abell  | Steward       | "        | "                     | acting W. L. Radmore April 17/13     |

W. Radmore

At Surgeon, PLA

*In charge of*

Lesbenstraße



# REPORT of Sick and Wounded Refugees and Freedmen in *Waters at Truamens Dispensary*, for the week ending Saturday, *June 13<sup>th</sup>*, 1868.

STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <i>L. L. Radmore</i><br><i>a. a. Surgeon</i><br><i>in charge</i> |          | <i>9</i>                         | <i>10</i>      | <i>5</i>       | <i>4</i>         | <i>12</i>                      | <i>8</i>       | <i>6</i>       | <i>4</i>         | <i>58</i>                              | <i>12</i>                   | <i>8</i>       | <i>5</i>       | <i>4</i>         |                              |                |                |                  |                       |                | <i>1</i>       | <i>1</i>         | <i>30</i>                   | <i>9</i>                          | <i>10</i>      | <i>5</i>       | <i>4</i>         |                              |         | <i>1</i>              |         | <i>4000</i>                          | <i>2000</i>    | <i>400</i>     | <i>400</i>       | <i>8000</i> | <i>17.24</i>                               |

*OK*

*L. L. Radmore*  
*a. a. Surgeon U. S. a in charge.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*  
FOR THE  
Week ending *June 13<sup>th</sup>*, 186*8*.

*Rec<sup>d</sup> O. S. in Office 17/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

REMARKS.

*Temp of 12 vessels R. S. A. day W. H. Langley 10 10  
of 9 1/2 6 min 9 1/2 6 min 9 1/2 6 min*



The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## DIRECTIONS.

## WEEKLY REPORT

OF

SICK AND WOUNDED ~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*June 13<sup>th</sup>, 1868.*

## REMARKS-

*at St. Surgeon W. H. Gray, U. S. A. reported for duty  
June 9<sup>th</sup> 1868.*

*Rec'd  
C. S. Mc  
Chapman  
1868*



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.            | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|------------------|-------------|-----------------------|--------------------------------------|
| H. H. Gray     | A.A. Surg. Major | N.O. La     | Present               | Asst. Commr.                         |
| Samuel Angel   | " " " " " "      | " " " " " " | "                     | Surg-in-Chief.                       |
| David Kershner | " " " " " "      | " " " " " " | "                     | Asst. Commr.                         |
| Wm Miller      | " " " " " "      | " " " " " " | "                     | Actg. Surg-in-Chief                  |
| Francis Barnes | " " " " " "      | " " " " " " | "                     | Asst. Commr.                         |
| James H. Price | Steward          | N.O. La     | Present               | Actg. Surg-in-Chief.                 |

W. H. Gray  
 A.A. Surgeon U.S.A.  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, June 13<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         | STATION.                | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |           | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |           | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |              | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-------------------------|-------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-----------|-----------------------|-----------|--------------------------------------|----------------|----------------|------------------|--------------|--|
|                         |                         | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.    |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.   | Male.                 | Female.   | Adult males.                         | Adult females. | Male children. | Female children. | Total.       |  |
| <i>Wm. A. L. S. Jr.</i> | <i>New Orleans</i>      |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |           |                             |                                   |                |                |                  |                              |           |                       |           |                                      |                |                |                  |              |  |
|                         | <i>Marine Hospital</i>  | <i>206</i>                       | <i>107</i>     | <i>2</i>       | <i>21</i>        | <i>21</i>                      | <i>8</i>       | <i>3</i>       | <i>1</i>         | <i>376</i>                             | <i>30</i>                   | <i>8</i>       | <i>1</i>       | <i>2</i>         |                              | <i>1</i>       | <i>1</i>       |                  | <i>3</i>              | <i>3</i>       |                | <i>4</i>         | <i>10</i> | <i>53</i>                   | <i>194</i>                        | <i>103</i>     | <i>10</i>      | <i>16</i>        | <i>323</i>                   | <i>65</i> | <i>21</i>             | <i>12</i> |                                      |                |                |                  | <i>26.60</i> |  |
|                         | <i>S. P. Branch</i>     | <i>2</i>                         | <i>4</i>       | <i>2</i>       | <i>1</i>         | <i>1</i>                       | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>8</i>                               | <i>2</i>                    | <i>1</i>       | <i>1</i>       | <i>1</i>         |                              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>  | <i>3</i>                    | <i>3</i>                          | <i>2</i>       | <i>1</i>       | <i>5</i>         | <i>18</i>                    | <i>1</i>  | <i>2</i>              |           |                                      |                |                |                  |              |  |
|                         | <i>Cholera Branch</i>   | <i>1</i>                         | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>                       | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>                               | <i>1</i>                    | <i>1</i>       | <i>1</i>       | <i>1</i>         |                              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>  | <i>1</i>                    | <i>1</i>                          | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>                     | <i>1</i>  | <i>1</i>              | <i>1</i>  | <i>1</i>                             | <i>1</i>       |                |                  |              |  |
|                         | <i>Dependent's Home</i> | <i>31</i>                        | <i>17</i>      | <i>1</i>       | <i>1</i>         | <i>1</i>                       | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>48</i>                              | <i>1</i>                    | <i>1</i>       | <i>1</i>       | <i>1</i>         |                              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>              | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>1</i>  | <i>31</i>                   | <i>17</i>                         | <i>1</i>       | <i>1</i>       | <i>48</i>        | <i>2</i>                     | <i>1</i>  | <i>1</i>              |           |                                      |                |                |                  |              |  |
|                         | <i>Total</i>            | <i>239</i>                       | <i>128</i>     | <i>11</i>      | <i>21</i>        | <i>21</i>                      | <i>8</i>       | <i>3</i>       | <i>1</i>         | <i>432</i>                             | <i>32</i>                   | <i>9</i>       | <i>1</i>       | <i>2</i>         | <i>1</i>                     | <i>1</i>       | <i>1</i>       | <i>1</i>         | <i>3</i>              | <i>3</i>       | <i>1</i>       | <i>4</i>         | <i>10</i> | <i>56</i>                   | <i>225</i>                        | <i>133</i>     | <i>12</i>      | <i>16</i>        | <i>376</i>                   | <i>85</i> | <i>21</i>             | <i>14</i> | <i>240</i>                           | <i>137</i>     | <i>12</i>      | <i>16</i>        | <i>411</i>   | <i>23.15</i>                               |

Wm. A. L. S. Jr.  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *June 13*, 186*8*.

*Forwarded by*

*A. C. Smarzmelder*

*Surgeon-in-Chief*  
*U. S. A. & F. S. L.*  
*Dist. La.*

*Forwarded to C. M. June 19/68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

## REMARKS.

*A. A. Surgeon A. H. Gray, having returned from  
leave of absence, resumed his duties on the 9<sup>th</sup> inst.*



**DIRECTIONS.**

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *March 13*, 186*8*.

*Forwarded by*

*A. G. Drayton*

*Surgeon-in-Chief*  
*H. H. A. T. A. S.*  
*Quid. La.*

*Forward to C. M. Jones 19/68*

REMARKS-

*A. A. Surgeon W. H. Gray, having returned from leave of absence, resumed his duties on the 9<sup>th</sup> inst.*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|-------------|-----------------------|--------------------------------------|
| M. H. Gray       | A. Surg | New Orleans | Present               | Surgeon in Chief April 13/68         |
| Samuel Angel     | "       | "           | "                     | Surgeon-in-Chief Oct 12/65           |
| David Hershey    | "       | "           | "                     | Act Comd S.O. 127, Oct 18/67         |
| W. M. Miller     | "       | "           | "                     | Actg Surg in Chief Nov 30/67         |
| Francis Garay    | "       | "           | "                     | Act Comd S.O. 118, Oct 25/68         |
| C. C. Cadmore    | "       | Shreveport  | "                     | Act Comd S.O. 127, Oct 18/67         |
| W. H. Riley      | "       | Algiers     | "                     | Surgeon in Chief July 17/67          |
| W. E. Dewar      | "       | Memphis     | "                     | Surgeon-in-Chief April 1/68          |
| James H. P. Wise | Steward | New Orleans | Present               | Actg Surg in Chief Sep 16/67         |

A. C. Strymiller

Surgeon

In charge of

in Chief  
Louisiana



*Consolidated*

REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in *U.S. Freedmen Hospital & Dispensaries* for the week ending Saturday, *June 13*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                         |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A. H. Gray, M.D., Surg. | New Orleans Ga |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*A. C. Smaymiller* in Chief  
Surgeon U.S. in charge  
*P. H. Smith*  
*Quartermaster*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND FREEDMEN.~~

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *June 20<sup>th</sup>*, 1868.

REMARKS.

*Recd C.S. in-Chief June 26/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*  
FOR THE  
Week ending *June 20<sup>th</sup>*, 186*8*.

REMARKS-

*Rec<sup>d</sup> C. S. mch 6. 29/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



*In charge of*











The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

DIRECTIONS.

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Washington*  
District of *Columbia*  
FOR THE

Week ending *March 1st*, 186*6*.

*Rec'd O. S. on Aug 6/23/68*

REMARKS.

*Robert Hill was discharged as Captain  
Stewart Jan 13. 1865, and was in  
"company, 1st Regt" Jan 1865.*







**REPORT** of Sick and Wounded Refugees and Freedmen in *Shawles at Freedmen's Dispensary*, for the week ending Saturday, *June 20<sup>th</sup>*, 1868.  
STATION: *Memphis*, DISTRICT OF *Tennessee*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                                | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |
| G. P. Hammond<br>Military Surgeon<br>San Diego |          | 9                                | 10             | 5              | 4                | 10                             | 12             | 1              | 4                | 60                                     | 14                          | 12             | 6              | 5                |                              |                |                |                  |                       |                |                | 100              | 5                           | 1                                 | 4            | 5              |                |                              | 1         |                       | 40000 | 20000                                | 00000        | 40000          | 60000          | OK               |  |        |

1888 Surgeon U. S. CC in charge.



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WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending June 20<sup>th</sup>, 186 6

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 .

STATION: \_\_\_\_\_ . DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|--------------|----------------|----------------|------------------------------|-----------|-----------------------|-------|--------------------------------------|--------------|----------------|----------------|------------------|--|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |
|                 |          |                                  |                |                |                  | 5                              | 3              | 2              |                  |  | 2                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 2                              | 2              |                |                  |  | 2                           | 2              |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 4                              | 3              | 1              | 1                |  | 3                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 5                              | 1              |                |                  |  | 2                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 1                              |                |                |                  |  | 2                           | 1              | 1              |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 2                              | 2              | 4              | 1                |  | 1                           | 1              | 1              | X                |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 2                              |                |                | 2                |  | 3                           | 1              |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 20                             | 8              | 7              | 4                |  | 15                          | 7              | 2              |                  | 10                           |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          | 194                              | 103            | 10             | 16               | 20                             | 8              | 7              | 4                | 362                                    | 146                         | 2              |                | 10               | X                            |                |                |                  |                       |                |                |                  |                             |                                   |              | 5              | 39             | 186                          | 145       | 15                    | 20    | 325                                  | 63           | 22             | 12             |                  |  | 13.81  |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  | 14                          |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  | 3                              | 2              | 1              |                  |  | 6                           | 1              | 1              |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              | 2              | "              | 2                            | 2         | "                     | 4     | 9                                    |              | 2              |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |

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WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N.O. La.*

District of *Louisiana,*

FOR THE

Week ending *June 20*, 186*8*

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: New Orleans  
District of Louisiana  
FOR THE  
Week ending June 20<sup>th</sup>, 1868.

REMARKS-

*Rec'd C. S. in chf 21/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.             | STATION.  | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|-------------------|-----------|-----------------------|--------------------------------------|
| W. H. Gray     | A.A. Surg. U.S.A. | St. J. La | Present               | Surgeon-in-Chief - April 1861        |
| Samuel Angel   | A.A. Surg. U.S.A. | St. J. La | Present               | Surgeon-in-Chief                     |
| David Kershner | A.A. Surg. U.S.A. | St. J. La | Present               | Asst. Commissioner                   |
| Wm M. Miller   | A.A. Surg. U.S.A. | St. J. La | Present               | Actg. Surgeon-in-Chief               |
| Francis Barnes | A.A. Surg. U.S.A. | St. J. La | Present               | Asst. Commissioner                   |
| James H. Price | Steward           | Steward   | Present               | Actg. Surgeon-in-Chief               |

W. H. Gray  
 A. A. Surgeon U.S.A.  
 In charge of Freedmen Hospital  
 New Orleans



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, June 20<sup>th</sup>, 1868.  
STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                             | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000-OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>W. H. Gray, A. A. Leung &amp; M. La.</i> | <i>New Orleans</i> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *June 25<sup>th</sup>*, 1868.

REMARKS.

*Forwarded by*

*A. C. Emory, M.D.*

*Surgeon-in-Chief*  
*B. R. T. A. L.*  
*Dist. La.*

*Forw<sup>d</sup> to C. W. June 29/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.         | RANK.     | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|---------------|-----------|-------------|-----------------------|--------------------------------------|
| M. H. Gray    | Asst Surg | New Orleans | Present               | Surgeon in Chief April '68           |
| Samuel Angel  | "         | "           | "                     | Surgeon in Chief April '66           |
| David Hurd    | "         | "           | "                     | Asst Surg in Chief Oct '67           |
| W. H. Miller  | "         | "           | "                     | Asst Surg in Chief Nov '67           |
| Francis Parry | "         | "           | "                     | Asst Surg in Chief Jan '68           |
| C. E. Radmore | "         | Shreveport  | "                     | Asst Surg in Chief Oct '67           |
| W. H. Riley   | "         | Algiers     | "                     | Surgeon in Chief May '67             |
| H. E. Jones   | "         | Mexico      | "                     | Surgeon in Chief April '68           |
| James W. Rice | Steward   | New Orleans | Present               | Asst Surg in Chief Sept '67          |

A. C. Smashmeyer

Surgeon in Chief  
In charge of Dist of Louisiana



*Consolidated*  
**REPORT** of Sick and Wounded ~~Refugees~~ and Freedmen in *U.S. Army Hospital Dispensaries* for the week ending Saturday, *June 20<sup>th</sup>*, 1868.  
 STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.        | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |        | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |         |              |                |                | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                        |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Total. | Occupied.             | Vacant. | Male.                                | Female. | Adult males. | Adult females. | Male children. |  | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| M. H. Gray, M.D. Surg. | New Orleans La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |        |                       |         |                                      |         |              |                |                |  |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*A. C. Straymiller*  
 Surgeon U.S. Army  
*in charge*  
 13. Rept. H. L.  
 Dist. La.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe.*

District of *Louisiana.*

FOR THE  
Week ending *June 27<sup>th</sup>*, 1868.

REMARKS-

*Rec'd C. D. in. Conf. July 3<sup>rd</sup> 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *June 27<sup>th</sup>*, 186*8*.

REMARKS

*Rec'd O.S. in Off June 27/68*

DIRECTIONS.

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W H Raley  
a Surgeon  
In charge of Freedmen's Dispensary







WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Fort*

District of *Illinois*

FOR THE

Week ending *June 21*, 186*5*.

REMARKS.

*Rec'd Office Surgeon General June 29/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. The Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



[illegible]

In charge of Dept. of Justice







WEEKLY REPORT

OF

SICK AND WOUNDED ~~RECEIVED~~  
~~RECEIVED~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *June 25<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Recd. D. C. Chief June 27<sup>th</sup> 68*  
*4. back " " July 1-68*



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.               | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.      |
|----------------|---------------------|----------------|-----------------------|---|
| W. C. Gray     | Asst. Surg. 1st Lt. | New Orleans La | Present               | Surgeon-in-Chief April 3 <sup>rd</sup> 61 |
| Samuel Angel   | Asst. Surg. 1st Lt. | New Orleans La | Present               | Surgeon in Chief                          |
| David Horsley  | Asst. Surg. 1st Lt. | New Orleans La | Present               | Asst. Commissioner                        |
| Wm M. Miller   | Asst. Surg. 1st Lt. | New Orleans La | Present               | Asst. Surgeon-in-Chief                    |
| Francis Warner | Asst. Surg. 1st Lt. | New Orleans La | Present               | Asst. Commissioner                        |
| James C. Price | Asst. Surg. 1st Lt. | New Orleans La | Present               | Asst. Surgeon-in-Chief                    |

W. H. Gray  
 Asst. Surgeon  
 In charge of General Hospital  
New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Free Press Hospital, for the week ending Saturday, June 2<sup>nd</sup>, 1868.  
 STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.          | STATION.        | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                          |                 | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W. H. May, A. S. Surgeon | New Orleans La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*W. H. May*  
 A. S. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *June 27*, 1868.

REMARKS.

*Forwarded by*  
*A.C. Smyrnellos*  
*Surgeon-in-Chief*  
*Bt. R. Fr. Lt.*  
*Dist. La.*

*Rec'd 10.6.76 July 3/68*

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



LIST OF MEDICAL OFFICERS.

| NAME.          | RANK.      | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|----------------|------------|-------------|-----------------------|--------------------------------------|
| M. H. Gray     | A. B. Surg | New Orleans | Present               | Surgeon-in-Chief April '68           |
| Samuel Angel   | "          | "           | "                     | Surgeon-in-Chief Oct '65             |
| David Hershey  | "          | "           | "                     | Act Comd SO 127 Oct '64              |
| H. W. Miller   | "          | "           | "                     | Acty Surg-in-Chief Nov '64           |
| Francis Purves | "          | "           | "                     | Act Comd SO 18 Oct 25 '68            |
| A. C. Radmore  | Shirshut   | "           | "                     | Act Comd SO 127 Oct '64              |
| H. H. Riley    | Algion     | "           | "                     | Surgeon-in-Chief Feb '67             |
| W. E. Sears    | Harmon     | "           | "                     | Surgeon-in-Chief April '68           |
| James H. Wise  | Steward    | New Orleans | Present               | Acty Surg-in-Chief Sept '64          |

A. C. Smaynelder  
 Surgeon-in-Chief  
 In charge of Dist. of Louisiana



*Consolidated*  
REPORT of Sick and Wounded Refugees and Freedmen in *U.S. Marine Hospital & Dispensary* for the week ending Saturday, *June 27, 1868*.  
STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.         | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                      |                  | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W. H. Gray, A. Surg. | New Orleans, La. |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*A. C. Strynnylder*  
Surgeon *in-charge*  
*P. R. F. L.*  
*Dist. Loc.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

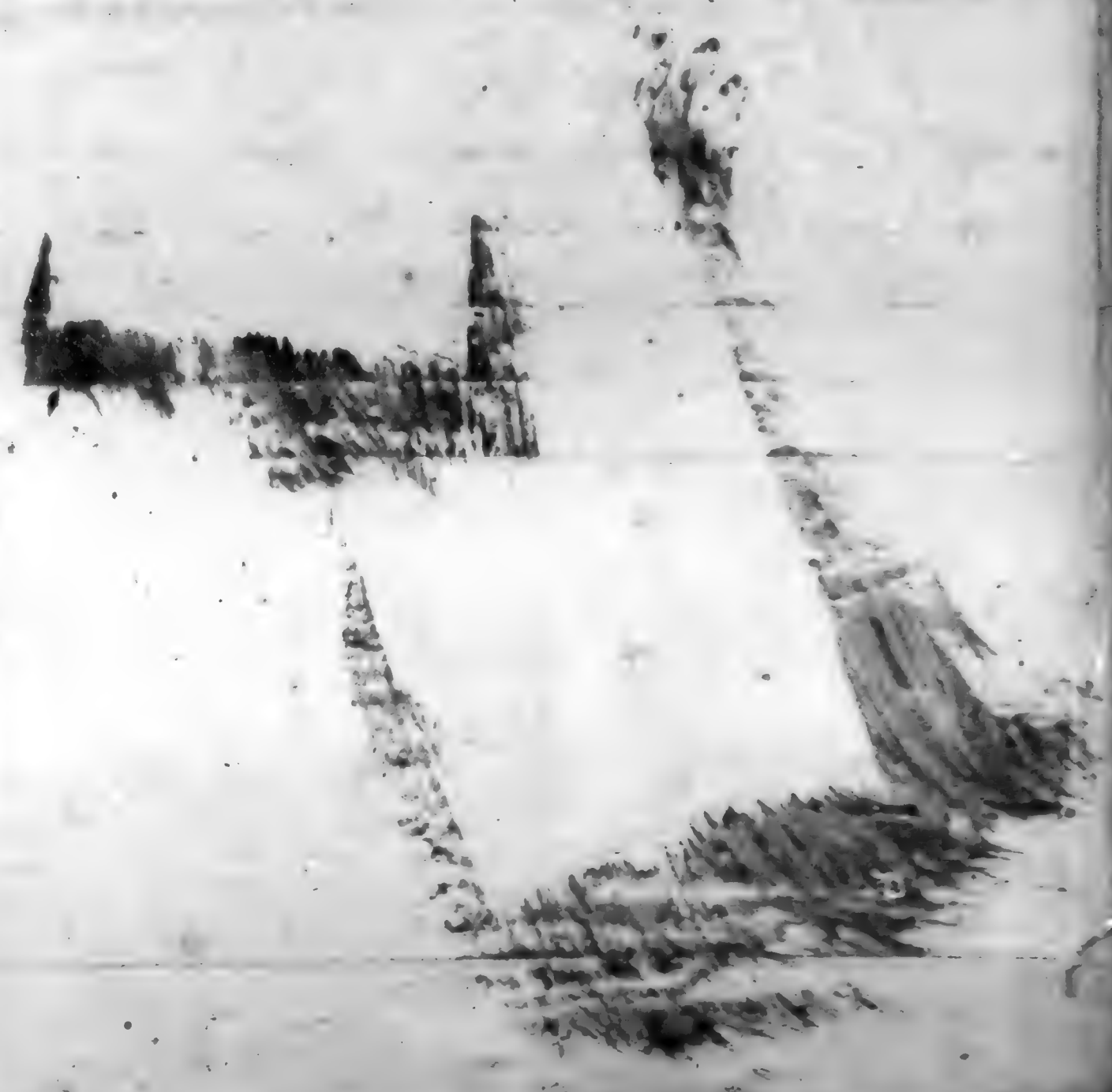
Station: *N.O. La*  
District of *Louisiana.*

FOR THE  
Week ending *June 27*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Hospital Chaplains, Medical Cadets, and Hospital Stewards, will be placed below the list of Medical Officers. Separate Reports of Refugees and Freedmen will be made to this Office. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.













WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending 27<sup>th</sup> June, 1868.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











Station: New Orleans  
District of Louisiana  
FOR THE  
Week ending July 4<sup>th</sup>, 1868.

# REMARKS.

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

Re. & O.S. in ch. July 4/68







REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in Freedmen Hospital, for the week ending Saturday, July 4<sup>th</sup>, 1868.  
STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                      | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                      |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>W. E. Gray, U.S. Army, U.S.A.</u> | <u>New Orleans La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

W. E. Gray  
A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: Monroe.

District of Louisiana.

FOR THE  
Week ending July 10<sup>th</sup>, 1868.

REMARKS-

*Rec'd Office of Surgeon (Cp. July 11/68)*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La.*

District of *Louisiana*

FOR THE

Week ending *July 4<sup>th</sup>*, 186*8*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.        | RANK.         | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.  |
|--------------|---------------|----------|-----------------------|---|
| W. D. Miller | A. A. Surgeon | U. S. A. | Present               | Contract with Acting Surgeon<br>A. A. Surgeon, I. Mackay<br>Aug. 20 <sup>th</sup> 1868. |

W. M. Miller

A. A. Surgeon *W. A.*

In charge of Cholera R. S. P. Hospital



REPORT of Sick and Wounded Refugees and Freedmen in Cholera and S. P. Hospital, for the week ending Saturday, July 4<sup>th</sup>, 1868.  
STATION: New Orleans, La. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

W. M. Miller  
Surgeon U. S. A., in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending *July 4*, 186*8*.

REMARKS -

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*  
FOR THE  
Week ending *July 4<sup>th</sup>*, 186*8*.

REMARKS.

*See C.D. in chf July 8/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Sanicupat*  
District of *Louisian*  
FOR THE  
Week ending *July 4<sup>th</sup>*, 186*5*.

*Return*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded Refugees and Freedmen in Mississippi, for the week ending Saturday, July 4<sup>th</sup>, 1868.

STATION: Sumnerport DISTRICT OF Mississippi, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |
| 66 |          |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |

W. L. Adams  
Surgeon U. S. A. in charge.  
Sumnerport



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *July 4<sup>th</sup>*, 186*8*.

REMARKS-

*Rec<sup>d</sup> Q.S. in chg July 31/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded Refugees and Freedmen in Port of Tampa, Fla., for the week ending Saturday, July 4, 1865.

STATION: Port of Tampa DISTRICT OF Tampa, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                              | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| G. C. Harrison<br>U. S. Surgeon<br>in Charge |          | 8                                | 6              | 8              | 4                | 15                             | 7              | 9              | 3                | 44                                     | 4                           | 2              | 1              | 1                |                              |                |                |                  |                       |                | 1              | 1                | 58     | 9                           | 8                                 | 11             | 13             |                  |                              | 1       |                       | 100     | 137                                  | 157            | 101            | 2000             | 10.10  |  |

*G. C. Harrison*  
U. S. Surgeon U. S. A in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *July 4*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Forwarded by*  
*A. C. Braxton*  
*Surgeon-in-Chief*  
*P. O. Dr. A. L.*  
*Dist. La.*

*Forward to L. W. Aug 1, '68*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.     | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-----------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | Asst Surg | New Orleans | Present               | Surgeon-in-Chief April '68           |
| Samuel Aygel     | "         | "           | "                     | Surgeon-in-Chief Oct '65             |
| David Crehney    | "         | "           | "                     | Asst Commr & 127, Oct '67            |
| Wm. M. Miller    | "         | "           | "                     | Actg Surg in Chief Nov '67           |
| Francis Parry    | "         | "           | "                     | Asst Commr & 18, 18th Aug '68        |
| C. C. Redmore    | "         | Shreveport  | "                     | Asst Commr & 127, Oct '67            |
| W. H. Riley      | "         | Algiers     | "                     | Surgeon in Chief July '67            |
| K. E. Jones      | "         | Monroe      | "                     | Surgeon-in-Chief April '68           |
| James H. P. Wise | Steward   | New Orleans | Present               | Actg Surgeon in Chief Sep '67        |

A. C. Smarshrelder

Surgeon-in-Chief

In charge of District of Louisiana



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospital Dispensary* for the week ending Saturday, *July 4*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.       | STATION.           | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |
|-----------------------|--------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|
|                       |                    | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |
| W. H. Gray A. Surg.   | New Orleans        |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                       | Memphis Hospital   | 187                              | 106            | 10             | 17               | 20                             | 13             | 2              |                  | 355   | 26                          | 14             | 5              | 2                | 1                            |                |                |                  | 1                     | 2              | 1              |                  | 4      | 52                          | 179                               | 103            | 6              | 15               | 303                          | 70      | 22                    | 12      |                                      |                |                |                  |        |  | 11.27 |
|                       | Smallpox Branch    |                                  |                | 2              |                  |                                |                |                |                  | 2   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   | 2              |                | 2                | 11                           |         |                       |         |                                      |                |                |                  |        |  |       |
|                       | Cholera Branch     |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                       | Dependent House    | 46                               | 14             |                |                  | 1                              |                |                |                  | 61  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             | 47                                | 14             |                |                  | 61                           | 14      |                       |         |                                      |                |                |                  |        |  |       |
|                       | Total              | 233                              | 120            | 12             | 17               | 21                             | 13             | 2              |                  | 418   | 26                          | 14             | 5              | 2                | 1                            |                |                |                  | 1                     | 2              | 1              |                  | 4      | 52                          | 226                               | 117            | 5              | 15               | 366                          | 95      | 22                    | 14      | 248                                  | 131            | 8              | 15               | 402    | 9.57                                       |       |
| C. C. Redman A. Surg. | Dispensary Memphis | 8                                | 6              | 8              | 4                | 15                             | 17             | 2              | 20               | 99  | 14                          | 15             | 17             | 11               |                              |                |                |                  |                       |                |                | 1                | 1      | 58                          | 9                                 | 8              | 11             | 13               |                              |         | 1                     |         | 1000                                 | 150            | 150            | 100              | 200    | 10.10                                      |       |
| W. H. Riley A. Surg.  | Dispensary Memphis | 3                                | 3              | 2              | 4                | 15                             | 17             | 9              | 8                | 61  | 13                          | 18             | 7              | 11               |                              |                |                |                  | 2                     |                |                | 2                | 51     | 3                           | 2                                 | 4              | 1              |                  |                              |         |                       | 300     | 300                                  | 200            | 200            | 100              | 32.79  |  |       |
| C. E. Jones A. Surg.  | Dispensary Memphis | 2                                | 6              |                | 5                | 3                              | 3              | 2              | 2                | 23  | 1                           | 2              | 2              | 2                |                              |                |                |                  |                       |                |                |                  |        | 7                           | 4                                 | 7              | 5              |                  |                              |         |                       |         | 300                                  | 300            | 200            | 200              | 100    |  |       |
|                       | Grand total        | 246                              | 135            | 22             | 30               | 54                             | 50             | 34             | 30               | 611   | 54                          | 49             | 31             | 26               | 1                            |                |                |                  | 3                     | 2              | 2              |                  | 7      | 168                         | 242                               | 134            | 23             | 34               | 366                          | 95      | 23                    | 14      | 1848                                 | 1481           | 628            | 315              | 4412   | 11.65                                      |       |

*A. C. Smarsholder* *in Chief*  
Surgeon  
*P. R. Frick*  
Dist. Sec.



WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Monroe*

District of *Louisiana*

FOR THE

Week ending *July 11<sup>th</sup>*, 1868.

REMARKS.

*Rec. a Officer of Surgeon (July 1868)*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
~~AND~~ FREEDMEN.

Station: *Memphis*  
District of *Tennessee*

FOR THE  
Week ending *July 11<sup>th</sup>*, 186*8*.

*Retain*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: Algiers  
District of Louisiana  
FOR THE  
Week ending July 11<sup>th</sup>, 1868.

REMARKS-

*Recd O Sick July 13/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmens Dispensary, for the week ending Saturday, July 14<sup>th</sup>, 1864.  
STATION: Algiers . DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.  | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                  |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>W H Riley</u> | <u>Algiers</u> | <u>3</u>                         | <u>2</u>       | <u>4</u>       | <u>1</u>         | <u>15</u>                      | <u>10</u>      | <u>7</u>       | <u>6</u>         | <u>48</u>                              | <u>15</u>                   | <u>9</u>       | <u>10</u>      | <u>6</u>         |                              |                |                |                  | <u>1</u>              |                |                |                  | <u>1</u> | <u>41</u>                   | <u>2</u>                          | <u>3</u>       | <u>1</u>       | <u>1</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>20.83</u> ✓                             |

OK

W H Riley  
Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending July 11<sup>th</sup>, 186 7

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded Refugees and Freedmen in \_\_\_\_\_, for the week ending Saturday, \_\_\_\_\_, 186 .

STATION: \_\_\_\_\_, DISTRICT OF \_\_\_\_\_, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
|                 |          |                                  |                |                |                  | 1                              | 1              |                |                  |  | 3                           | 3              |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 5                              | 1              |                |                  |  | 7                           | 3              |                |                  |                              |                |                |                  | 1                     |                |                | 1                |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 6                              | 1              |                |                  |  | 4                           | 2              |                |                  |                              |                |                |                  |                       |                |                | 1                |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 4                              | 2              |                |                  |  | 3                           | 2              | 1              |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 4                              | 3              |                |                  |  | 5                           |                |                |                  |                              |                |                |                  |                       |                |                | 1                |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 3                              |                |                |                  |  | 6                           | 2              |                |                  |                              |                |                |                  |                       |                |                | 1                |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 3                              | 2              |                |                  |  | 1                           |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          | 179                              | 103            | 6              | 15               | 26                             | 10             |                |                  | 339                                    | 38                          | 13             | 1              |                  |                              |                |                |                  | 4                     | 2              |                | 1                | 7      | 49                          | 173                               | 98             | 5              | 14               | 290                          | 83      | 22                    | 12      |                                      |                |                |                  | 20.65  |  |
|                 |          |                                  |                | 2              |                  |                                | 2              |                |                  | 4                                      |                             |                |                |                  |                              |                |                |                  |                       | 1              |                | 1                | 1      | 1                           | 2                                 |                | 3              | 10               |                              |         | 2                     |         |                                      |                |                | 250.00           |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          | 47                               | 14             |                |                  |                                | 1              |                |                  | 62                                     |                             | 2              |                |                  |                              |                |                |                  | 1                     |                |                | 1                |        | 9                           | 46                                | 13             | .              | .                | 59                           | 16      |                       |         |                                      |                |                |                  | 161.29 |  |
|                 |          | 226                              | 117            | 8              | 15               | 26                             | 13             |                |                  | 405                                    | 38                          | 15             | 1              |                  |                              |                |                |                  | 5                     | 3              |                | 1                | 9      | 53                          | 219                               | 112            | 7              | 14               | 352                          | 109     | 22                    | 14      | 241                                  | 126            | 7              | 14               | 388    | 22.22                                      |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 15                             |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  | 1                              |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  | 2                           | 2              |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|                 |          |                                  |                |                |                  |                                |                |                |                  |  |                             | 2              |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |

Surgeon U. S. \_\_\_\_\_ in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Shreveport*

District of *Louisiana*

FOR THE

Week ending *July 11<sup>th</sup>*, 186*8*.

REMARKS-

*Rec'd S in Chief July 24/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



CC Surgeon W. H. H.  
In charge of Emergency



REPORT of Sick and Wounded ~~Refugees and Freedmen~~ in *Central P. & O. Dispensary*, for the week ending Saturday, *July 11*, 186*4*.  
 STATION: *Waco, Tex.*, DISTRICT OF *Texas*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.   | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |          | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. <i>added to previous</i> |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|----------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|---|----------------|----------------|------------------|-------------|--|
|   |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total.   |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.  | Adult females. | Male children. | Female children. | Total.      |  |
| <i>G. B. Ramsey</i><br><i>U. S. Surgeon</i><br><i>in charge</i> |          | <i>7</i>                         | <i>8</i>       | <i>11</i>      | <i>12</i>        | <i>10</i>                      | <i>10</i>      | <i>20</i>      | <i>13</i>        | <i>10</i>                              | <i>16</i>                   | <i>1</i>       | <i>1</i>       | <i>4</i>         | <i>1</i>                     |                |                |                  |                       | <i>1</i>       |                | <i>1</i>         | <i>3</i> | <i>80</i>                   | <i>0</i>                          | <i>4</i>       | <i>1</i>       | <i>11</i>        |                              |         |                       |         | <i>1000</i>   | <i>120</i>     | <i>150</i>     | <i>100</i>       | <i>2000</i> | <i>19.05</i> ✓                             |

*O.K.*

*G. B. Ramsey*  
*U. S. Surgeon* U. S. *in charge.*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*  
District of *Louisiana*

FOR THE  
Week ending *July 11<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd Office of Surgeon's 11/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



# LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION.       | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|-------------------|----------------|-----------------------|--------------------------------------|
| W. H. Gray       | A.A. Surg. U.S.A. | New Orleans La | Present               | Surgeon-in-Chief April 13, '68       |
| Samuel Angel     | A.A. Surg. U.S.A. | " "            | Present               | Surgeon-in-Chief                     |
| David Hershey    | A.A. Surg. U.S.A. | " "            | Present               | Asst. Commissioner                   |
| Wm. M. Miller    | A.A. Surg. U.S.A. | " "            | Present               | Actg. Surgeon-in-Chief               |
| Francis Barnes   | A.A. Surg. U.S.A. | " "            | Present               | Asst. Commissioner                   |
| James H. P. Wise | Surgeon           | New Orleans La | Present               | Actg. Surgeon-in-Chief               |

W. H. Gray  
A. A. Surgeon U.S.A.  
In charge of Freedmen's Hospital  
New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, July 11<sup>th</sup>, 1868.  
 STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |              |                |                | NUMBER OF BEDS FOR PATIENTS. |           | NUMBER OF ATTENDANTS. |       | TOTAL NUMBER UNDER CHARGE OF BUREAU. |              |                |                |                  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                 |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Total.                            | Adult males. | Adult females. | Male children. | Female children.             | Occupied. | Vacant.               | Male. | Female.                              | Adult males. | Adult females. | Male children. | Female children. |  | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H. H. Gray.     | New Orleans La |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |              |                |                |                              |           |                       |       |                                      |              |                |                |                  |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

A. A. May  
 A. A. Surgeon U. S. A. in charge.



*Consolidated*  
- WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *July 11<sup>th</sup>*, 1868.

REMARKS.

*Forwarded by*  
*A. C. Smithmelder*  
*Surgeon-in-Chief*  
*B. Dept. A. L.*  
*Dist. La*

*Forw'd to C. M. Aug 3/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray.      | At Sea  | New Orleans | Present               | Surgeon in Chief April '68           |
| Samuel Angel     | "       | "           | "                     | Surgeon in Chief Oct '65             |
| David Hershey    | "       | "           | "                     | Act Comdr. S. C. 127 Oct '67         |
| W. M. Miller     | "       | "           | "                     | Acty Surg in Chief Nov '67           |
| Francis Darby    | "       | "           | "                     | Act Comdr. S. C. 18 as Surg '68      |
| E. E. Redwood    | "       | Shrewsbury  | "                     | Act Comdr. S. C. 127 Oct '67         |
| W. H. Riley      | "       | Algiers     | "                     | Surgeon in Chief Feb '67             |
| H. E. Jones      | "       | Mauritius   | "                     | Surgeon in Chief April '68           |
| James H. P. Misk | Steward | New Orleans | Present               | Acty Surg in Chief Sept '67          |

A. C. Brushmiller

Surgeon-in-Chief  
In charge of District of Louisiana



5

Consolidated

REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in U.S. Traders Hospital Dispensaries for the week ending Saturday, July 11<sup>th</sup>, 1868.

STATION: New Orleans . DISTRICT OF Louisiana , Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.         | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |       |
|-------------------------|-----------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-------|
|                         |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |       |
| W. H. Gray, A. Surg.    | New Orleans La.       |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |       |
|                         | Marine Hospital       | 179                              | 103            | 6              | 15               | 26                             | 10             | .              | .                | 339                                    | 28                          | 13             | 1              | .                | .                            | .              | .              | 4                | 2                     | 1              | 1              | 7                | 49                          | 173                               | 98             | 5              | 14               | 290                          | 83      | 22                    | 12      |                                      |                |                |                  |        | 20.65                                      |       |
|                         | Smallpox Branch       | .                                | .              | 2              | .                | .                              | 2              | .              | .                | 4                                      | .                           | .              | .              | .                | .                            | .              | .              | 1                | .                     | .              | 1              | 1                | 1                           | 1                                 | 2              | 3              | 10               | .                            | 2       |                       |         |                                      |                |                |                  | 250.   |  |       |
|                         | Cholera Branch        | .                                | .              | .              | .                | .                              | .              | .              | .                | 1                                      | .                           | .              | .              | .                | .                            | .              | .              | 1                | .                     | .              | 1              | 1                | 1                           | 1                                 | 1              | 1              | 1                | 1                            | 1       | 1                     | 1       | 1                                    | 1              | 1              | 1                |        |  |       |
|                         | Dependent House       | 47                               | 14             | .              | .                | .                              | 1              | .              | .                | 62                                     | .                           | 2              | .              | .                | .                            | .              | .              | 1                | .                     | .              | 1              | 1                | 1                           | 3                                 | 46             | 13             | .                | 59                           | 16      | 1                     | 1       |                                      |                |                |                  |        | 16.13                                      |       |
|                         | Total                 | 226                              | 117            | 8              | 15               | 26                             | 13             | .              | .                | 405                                    | 28                          | 15             | 1              | .                | .                            | .              | .              | 5                | 3                     | .              | 1              | 9                | 53                          | 219                               | 112            | 7              | 14               | 352                          | 109     | 22                    | 14      | 241                                  | 126            | 7              | 14               | 888    | 22.22                                      |       |
| A. C. Roberts, A. Surg. | Dispensary Shreveport | 9                                | 8              | 11             | 13               | 10                             | 16             | 20             | 18               | 105                                    | 16                          | 19             | 24             | 19               | .                            | .              | .              | .                | 1                     | .              | 1              | 2                | 8                           | 0                                 | 3              | 4              | 7                | 11                           | .       | .                     | 1       | .                                    | 1,000          | 750            | 500              | 100    | 200  | 19.05 |
| A. M. Riley, A. Surg.   | Dispensary Shreveport | 3                                | 2              | 4              | 1                | 15                             | 10             | 7              | 6                | 48                                     | 15                          | 9              | 10             | 6                | .                            | .              | .              | .                | 1                     | .              | .              | 1                | 4                           | 1                                 | 2              | 3              | 1                | 1                            | .       | .                     | .       | .                                    | 300            | 300            | 200              | 200    | 100  | 20.83 |
| H. E. Jones, A. Surg.   | Dispensary Monroe     | 4                                | 7              | .              | 5                | 4                              | 9              | 4              | 3                | 36                                     | 4                           | 3              | 2              | 2                | .                            | .              | .              | .                | .                     | .              | .              | 1                | 1                           | 4                                 | 13             | 2              | 6                | .                            | .       | .                     | .       | 300                                  | 300            | 200            | 200              | 100    |  |       |
|                         | Grand total           | 242                              | 134            | 23             | 34               | 50                             | 48             | 31             | 27               | 594                                    | 63                          | 46             | 37             | 27               | .                            | .              | .              | .                | 6                     | 4              | .              | 2                | 12                          | 185                               | 228            | 132            | 17               | 32                           | 352     | 109                   | 23      | 14                                   | 1841           | 1476           | 537              | 514    | 4858                                       | 20.20 |

A. C. Smalley, M.D.  
Surgeon U.S. Army  
in charge  
District



1868

WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: Monroe  
District of Louisiana  
FOR THE  
Week ending July 18<sup>th</sup>, 1868.

REMARKS-

*R. & C. S. in Chief July 22/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



F. E. Jones  
A. A. Surgeon U. S. A.  
In charge of Dispensary



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Dispensary, for the week ending Saturday, July 18<sup>th</sup>, 1868.  
 STATION: Monroe, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.   | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |     |
|-----------------|------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|-----|
|                 |            | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |     |
| H. E. Jones     | Monroe La. | 1                                | 13             | 2              | 6                | 4                              | 7              | 1              | 2                | 39  | 2                           | 10             | 3              | 4                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 19                          | 6                                 | 10             | "              | 4                | "                            | "       | "                     | "       | "                                    | 300            | 300            | 200              | 200    | 1000                                       | 0.6 |

*H. E. Jones*

A. A. Surgeon U. S. A. in charge.  
 Dispensary.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*

District of *Louisiana*

FOR THE  
Week ending *July 18th*, 1868.

REMARKS-

*Rec'd O.S. in-Chief 7-21-68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedom's Dispensary, for the week ending Saturday, July 18<sup>th</sup>, 1868.

STATION: Algiers DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>N. H. Riley</u> | <u>Algiers</u> | <u>2</u>                         | <u>3</u>       | <u>1</u>       | <u>1</u>         | <u>19</u>                      | <u>13</u>      | <u>12</u>      | <u>8</u>         | <u>59</u>                              | <u>18</u>                   | <u>11</u>      | <u>11</u>      | <u>7</u>         |                              |                |                |                  |                       |                |                |                  | <u>47</u>                   | <u>3</u>                          | <u>5</u>       | <u>2</u>       | <u>2</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>0.6</u>                                 |

N. H. Riley  
A. A. Surgeon U. S. A. in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *San Francisco*  
District of *California*

FOR THE  
Week ending *July 18<sup>th</sup>*, 186*8*.

REMARKS.

*Recd. O.S. no chief July 27<sup>th</sup> 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



104-44230-780134

| NAME.        | RANK.      | STATION.   | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|--------------|------------|------------|-----------------------|--------------------------------------|
| E. C. Bauman | 1st Lieut. | 1st Lieut. |                       | 16. 10 127. 1st Lieut. La            |
| Robert Abell | 1st Lieut. | 1st Lieut. |                       | 1st Lieut. Bauman 17. 24. 68         |

22 Surgeon ..... W. H. H.

In charge of William Ray







WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE

Week ending *July 18<sup>th</sup>*, 186*8*.

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *New Orleans La.*  
District of *Louisiana*

FOR THE  
Week ending *July 18<sup>th</sup>*, 186*8*

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



Wm. M. Miller  
A.A. Surgeon U.S.A.  
In charge of Cholera R. S. P. Haspe







WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Memphis*  
District of *Tennessee*  
FOR THE  
Week ending *July 18*, 186*5*.

*Putnam*

REMARKS-

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

Surgeon .....

*In charge of* .....



REPORT of Sick and Wounded Refugees and Freedmen in *Marston St. Francis Dispensary*, for the week ending Saturday, *July 18*, 1868.  
 STATION: *Shreveport*, DISTRICT OF *Mississippi*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                          | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |              | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------------|--|
|  |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.       |  |
| C. C. Radmore<br>acting as<br>in charge. |          | 3                                | 4              | 7              | 11               | 10                             | 20             | 19             | 30               | 9                                      | 6                           | 9              | 18             | 14               | 18                           |                |                |                  |                       | 2              | 2              | 6                | 3      | 4                           | 6                                 | 8              | 13             |                  |                              | 1       |                       | 1000    | 550                                  | 170            | 100            | 2000             | 44.53 21.05- |  |
|  |          | 4                                | 6              | 8              | 13               | 7                              | 8              | 24             | 26               | 12                                     | 2                           | 14             | 23             | 21               | 25                           |                |                |                  |                       | 1              | 2              | 3                |        | 8                           | 7                                 | 12             |                |                  | 1                            |         | 1000                  | 850     | 170                                  | 100            | 2000           | 24.69 -          |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |
|  |          |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |              |  |



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *July 18<sup>th</sup>*, 186*8*.

REMARKS.

*Rec'd Office of Surgeon-General 18/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.             | STATION. | PRESENT OR ABSENT. | BY WHAT AUTHORITY PLACED ON DUTY.          |
|------------------|-------------------|----------|--------------------|--|
| W. H. Gray       | A.D. Surg. USA    | N. O. La | Present            | Surgeon-in-Chief April 13 <sup>th</sup> 68 |
| Samuel Angel     | A.D. Surg. U.S.A. | N. O. La | Absent Sick        | Surgeon-in-Chief.                          |
| David Hensley    | A.D. Surg. U.S.A. | N. O. La | Present            | Asst. Commissioner                         |
| Wm. M. Miller    | A.D. Surg. USA    | N. O. La | Present            | Adj. Surgeon-in-Chief.                     |
| Francis Barnes   | A.D. Surg. U.S.A. | N. O. La | Present            | Asst. Commissioner                         |
| James H. P. Hise | Steward           | N. O. La | Present            | Adj. Surgeon-in-Chief.                     |

W. H. Gray  
 A. D. Surgeon U. S. A.  
 In charge of Freedmen's Hospital  
 New Orleans La



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, July 18<sup>th</sup>, 1868.

STATION: New Orleans, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                           | STATION.                 | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|--------------------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|   |                          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| <u>W. H. Gray, A. A. Surgeon U. S. A.</u> | <u>New Orleans La</u>    |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |
|   | <u>Marine's Hospital</u> | 173                              | 98             | 5              | 14               | 16                             | 11             | 1              | 1                | 319                                    | 16                          | 12             | 4              | 2                | "                            | "              | "              | 5                | 3                     | "              | "              | 8                | 42     | 166                         | 94                                | 6              | 11             | 277              | 96                           | 22      | 12                    |         |                                      |                |                |                  | 25.08  | ✓  |
|   | <u>S. P. Branch</u>      | "                                | 1              | 2              | "                | 2                              | "              | "              | "                | 5                                      | 2                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | 2      | "                           | 1                                 | 2              | "              | 9                | 10                           | "       | 2                     |         |                                      |                |                |                  |        |  |
|   | <u>Cholera Branch</u>    | "                                | "              | "              | "                | "                              | "              | "              | "                | "                                      | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | "                           | "                                 | "              | "              | "                | "                            | "       | "                     | "       | "                                    | "              | "              | "                |        |  |
|   | <u>Dependents' Home</u>  | 46                               | 13             | "              | "                | "                              | "              | "              | "                | 59                                     | "                           | "              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | "                | "      | 46                          | 13                                | "              | "              | 59               | 16                           | "       | "                     |         |                                      |                |                |                  |        |  |
|   | <u>Total.</u>            | 219                              | 112            | 7              | 14               | 18                             | 11             | 1              | 1                | 383                                    | 18                          | 12             | 4              | 2                | "                            | "              | "              | 5                | 3                     | "              | "              | 8                | 44     | 212                         | 108                               | 8              | 11             | 339              | 122                          | 22      | 14                    | 234     | 122                                  | 8              | 11             | 375              | 20.87  | ✓  |

W. H. Gray  
A. A. Surgeon U. S. A. in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE

Week ending *July 18*, 186*8*.

REMARKS.

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Forwarded by*

*A. C. Brantmeider*

*Surgeon-in-Chief*  
*D. C. F. A. D.*  
*Dist. La.*

*Trans'd to C. M. Aug 3/68*



LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.   | STATION.    | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|---------|-------------|-----------------------|--------------------------------------|
| W. H. Gray       | As Surg | New Orleans | Present               | Surgeon in Chief April '68           |
| Samuel Angil     | "       | "           | "                     | Surgeon in Chief Oct '65             |
| David Kershby    | "       | "           | "                     | Act Comd S.O. 127 Oct '67            |
| W. M. Miller     | "       | "           | "                     | Act g Surg in Chief Nov '67          |
| Francis Dennis   | "       | "           | "                     | Act Comd S.O. 1808 Aug '68           |
| C. W. Edmunds    | "       | Shenepet    | "                     | Act Comd S.O. 127 Oct '67            |
| W. H. Riley      | "       | Algiers     | "                     | Surgeon in Chief Feb '67             |
| H. E. Jones      | "       | Mouris      | "                     | Surgeon in Chief April '68           |
| James M. P. Wise | Steward | New Orleans | Present               | Act g Surg in Chief Sep '67          |

A. C. Brantlymeeder  
 Surgeon in Chief  
 In charge of Dist of Louisiana



*Consolidated*

REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in *U.S. Freedmen Hospital Dispensary* for the week ending Saturday, *July 18*, 1868.

STATION: *New Orleans*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.      | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                      |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| H. H. Gray M.D. Surg | New Orleans La |                                  |                |                |                  |                                |                |                |                  |   |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                |                  |                              |         |                       |         |                                      |                |                |                  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*A. C. Smartwelder* *in Chief*  
Surgeon *U.S. Army*  
*D. R. Smith*  
Dist. Ld.



WEEKLY REPORT  
OF  
SICK AND WOUNDED  
AND FREEDMEN.

Station: *Monroe*  
District of *Louisiana*  
FOR THE  
Week ending *July 25<sup>th</sup>*, 1868.

REMARKS.

*Rec'd back C.D. in Chief Aug 1<sup>st</sup> 68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Reports of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.



## LIST OF MEDICAL OFFICERS.

| NAME.       | RANK.                 | STATION. | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY.  |
|-------------|-----------------------|----------|-----------------------|---|
| F. E. Jones | a. a.<br>Surg. U.S.A. | Monroe   | Present               | Surg. in Chief<br>R. L. F. and A. Land<br>Diet. La<br>April 12 <sup>th</sup> 1858 |

F. E. Jones  
a. a. Surgeon U.S.A.  
In charge of Dickinson



# REPORT of Sick and Wounded ~~Refugees~~ and Freedmen in

, for the week ending Saturday, *July 20<sup>th</sup>*, 1868.

STATION: *Mourre*

DISTRICT OF *Louisiana*

Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.   | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |            | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| F. E. Jones     | Mourre, La | 6                                | 10             | "              | 4                | 3                              | 8              | 3              | 4                | 38                                     | 6                           | 13             | 1              | 2                | "                            | "              | "              | "                | "                     | "              | "              | 2                | 2      | 24                          | 3                                 | 5              | 2              | 4                |                              |         |                       |         | 300                                  | 300            | 200            | 200              | 1000   | 52.63 ✓                                    |

*F. E. Jones*  
a. a. Surgeon U. S. in charge.  
*Discharge*



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station: *Algiers*  
District of *Louisiana*

FOR THE  
Week ending *July 25<sup>th</sup>*, 186*8*.

REMARKS

*Rec'd in Lf July 30/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*







REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Trudness Dispensary, for the week ending Saturday, July 25<sup>th</sup>, 1868.  
 STATION: Algiers, DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.    | STATION.       | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |             | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|--------------------|----------------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|-------------|--|
|                    |                | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total.      |  |
| <u>W. H. Riley</u> | <u>Algiers</u> | <u>3</u>                         | <u>5</u>       | <u>2</u>       | <u>2</u>         | <u>15</u>                      | <u>14</u>      | <u>9</u>       | <u>9</u>         | <u>59</u>                              | <u>14</u>                   | <u>15</u>      | <u>7</u>       | <u>9</u>         |                              |                |                |                  |                       |                |                |                  | <u>45</u>                   | <u>4</u>                          | <u>4</u>       | <u>4</u>       | <u>2</u>         |                              |         |                       |         | <u>300</u>                           | <u>300</u>     | <u>200</u>     | <u>200</u>       | <u>1000</u> | <u>0.8</u>                                 |

W. H. Riley  
Ch Surgeon U. S. A in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Greensboro*

District of *Quincy*

FOR THE

Week ending *July 25<sup>th</sup>*, 186*8*.

REMARKS -

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. Separate Reports of Refugees and of Freedmen will be made to this Office. If the Report is of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Rec'd O S in Chief July 30/68*







REPORT of Sick and Wounded Refugees and Freedmen in *Marston at St. James, Oregan*, for the week ending Saturday, *July 25<sup>th</sup>*, 186*8*.  
 STATION: *Shreveport* DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.   | STATION. | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREAT-<br>MENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |             | NUMBER OF ATTENDANTS. |            | TOTAL NUMBER UNDER CHARGE OF BUREAU.<br><i>Carroll County, Missouri</i> |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|---|----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|---|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|-------------|-----------------------|------------|---|----------------|----------------|------------------|--------|--|
|   |          | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |   | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant.     | Male.                 | Female.    | Adult males.  | Adult females. | Male children. | Female children. | Total. |  |
| <i>Le C. Blamont</i><br><i>U. S. A.</i><br><i>In Charge</i> |          | <i>4</i>                         | <i>1</i>       | <i>8</i>       | <i>13</i>        | <i>18</i>                      | <i>24</i>      | <i>23</i>      | <i>21</i>        | <i>122</i>                                  | <i>14</i>                   | <i>23</i>      | <i>41</i>      | <i>25</i>        |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |                |                | <i>1</i>         |                              | <i>1000</i> | <i>437</i>            | <i>150</i> | <i>100</i>  | <i>2000</i>    | <i>24.54</i>   |                  |        |  |

*Le C. Blamont*  
*Surgeon U. S. A.* in charge.



WEEKLY REPORT  
OF  
SICK AND WOUNDED ~~REFUGES~~  
~~AND~~ FREEDMEN.

Station: *New Orleans*

District of *Louisiana*

FOR THE  
Week ending *July 25<sup>th</sup>*, 1868.

REMARKS.

*R. S. in Chief July 25/68*

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen will be made to this Office. If the Reports of Refugees, erase the word Freedmen in the designation; and if of Freedmen, strike out the word Refugees. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.*



## LIST OF MEDICAL OFFICERS.

| NAME.            | RANK.              | STATION.        | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|------------------|--------------------|-----------------|-----------------------|--------------------------------------|
| W. H. Gray       | A. A. Surg. U.S.A. | New Orleans La. | Present               | Surg-in-Chief April 1862             |
| Samuel Angel     | A. A. Surg. U.S.A. | New Orleans La. | Present               | Surgon-in-Chief.                     |
| David Hershey    | A. A. Surg. U.S.A. | New Orleans La. | Present               | Asst. Commissioner                   |
| Wm. M. Miller    | A. A. Surg. U.S.A. | New Orleans La. | Present               | Actg. Surg-in-Chief                  |
| Francis Barnes   | A. A. Surg. U.S.A. | New Orleans La. | Present               | Asst. Commissioner                   |
| James H. P. Wier | Surgeon            | New Orleans La. | Present               | Actg. Surg-in-Chief.                 |

W. H. Gray  
A. A. Surgeon U.S.A.  
In charge of Freedmen's Hospital  
New Orleans



REPORT of Sick and Wounded ~~Refugees and~~ Freedmen in Freedmen's Hospital, for the week ending Saturday, July 25<sup>th</sup>, 1868.  
STATION: New Orleans. DISTRICT OF Louisiana, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER.                         | STATION.              | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |         |       |         | NUMBER OF BEDS FOR PATIENTS. |                | NUMBER OF ATTENDANTS. |                  | TOTAL NUMBER UNDER CHARGE OF BUREAU. |  |  |  |  | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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|   |                       | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Occupied.                         | Vacant. | Male. | Female. | Adult males.                 | Adult females. | Male children.        | Female children. | Total.                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| <u>P. H. Gray, A. S. Surg. U. S. A.</u> | <u>New Orleans La</u> |                                  |                |                |                  |                                |                |                |                  |  |                             |                |                |                  |                              |                |                |                  |                       |                |                |                  |        |                             |                                   |         |       |         |                              |                |                       |                  |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

P. H. Gray  
A. S. Surgeon U. S. A in charge.



*Consolidated*  
WEEKLY REPORT

OF

SICK AND WOUNDED ~~REFUGEES~~  
~~AND~~ FREEDMEN.

Station:

*New Orleans*

District of

*Louisiana*

FOR THE

Week ending

*July 25*

, 1868.

REMARKS.

## DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.

*Forwarded by*

*A. C. Maryngelder*  
*Surgeon-in-Chief*  
*B. H. F. A. H.*  
*Dist. L.*

*Done to C. Wang 15/68*



LIST OF MEDICAL OFFICERS.

| NAME.                   | RANK.              | STATION.           | PRESENT OR<br>ABSENT. | BY WHAT AUTHORITY PLACED<br>ON DUTY. |
|-------------------------|--------------------|--------------------|-----------------------|--------------------------------------|
| <i>W. H. Gray</i>       | <i>1st Surgeon</i> | <i>St. Charles</i> | <i>Present</i>        | <i>Surgeon-in-Chief Apr '68</i>      |
| <i>Samuel Angel</i>     | <i>"</i>           | <i>"</i>           | <i>"</i>              | <i>Surgeon-in-Chief Oct '65</i>      |
| <i>David Murphy</i>     | <i>"</i>           | <i>"</i>           | <i>"</i>              | <i>Act Comd S.O. 127 Oct '67</i>     |
| <i>W. M. Miller</i>     | <i>"</i>           | <i>"</i>           | <i>"</i>              | <i>Acty Surgeon-in-Chief Apr '67</i> |
| <i>Francis Barnes</i>   | <i>"</i>           | <i>"</i>           | <i>"</i>              | <i>Act Comd S.O. 127 Oct '67</i>     |
| <i>E. C. Cadmus</i>     | <i>"</i>           | <i>St. Charles</i> | <i>"</i>              | <i>Act Comd S.O. 127 Oct '67</i>     |
| <i>W. H. Riley</i>      | <i>"</i>           | <i>Algiers</i>     | <i>"</i>              | <i>Surgeon-in-Chief Feb '67</i>      |
| <i>W. E. Jones</i>      | <i>"</i>           | <i>Memphis</i>     | <i>"</i>              | <i>Surgeon-in-Chief Apr '68</i>      |
| <i>James H. P. Hise</i> | <i>Steward</i>     | <i>St. Charles</i> | <i>Present</i>        | <i>Acty Surgeon-in-Chief Sep '67</i> |

*A. C. Smaynelder*

Surgeon-in-Chief

In charge of

*District of Louisiana*







WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *Shreveport*  
District of *Louisiana*

FOR THE  
Week ending *July 25<sup>th</sup>*, 186*8*.

*P. A. Turner*

REMARKS-

DIRECTIONS.

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In charge of Despina







WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N. O. La*

District of *Louisiana*

FOR THE

Week ending *July 25*, 186*8*

REMARKS-

*357*  
*382*  
*20*  
*42*

*297*  
*4*  
*301*  
*17*  
*284*  
*176*  
*301*

*284*  
*34*  
*3*  
*321*  
*89*  
*410*  
*321*  
*89*  
*305*  
*20*  
*285*

DIRECTIONS.

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*12th Hospital*

*Ref 52*



$$\begin{array}{r} 357 \\ 5 \\ \hline 382 \\ 20 \\ \hline 402 \end{array}$$

$$\begin{array}{r} 297 \\ 4 \\ \hline 301 \\ 17 \\ \hline 284 \\ 17 \\ \hline 301 \end{array}$$

$$\begin{array}{r} 284 \\ 34 \\ 3 \\ \hline 321 \\ 89 \\ \hline 410 \\ 301 \\ 410 \\ \hline 321 \\ 89 \\ \hline 305 \\ 20 \\ \hline 285 \end{array}$$

REMARKS.

WEEKLY REPORT

OF

SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: *N. O. La*

District of *Louisiana*

FOR THE

Week ending *July 25<sup>th</sup>*, 186*8*.

DIRECTIONS.

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REPORT of Sick and Wounded Refugees and Freedmen in *Cholera and S. P. Hospital*, for the week ending Saturday, *July 25*, 186*8*.  
 STATION: *New Orleans La.*, DISTRICT OF *Louisiana*, Bureau of Refugees, Freedmen, and Abandoned Lands.

| NAME OF WRITER. | STATION.  | REMAINING AT LAST WEEKLY REPORT. |                |                |                  | GAIN SINCE LAST WEEKLY REPORT. |                |                |                  | TOTAL UNDER TREATMENT DURING THE WEEK. | DISCHARGED DURING THE WEEK. |                |                |                  | TRANSFERRED DURING THE WEEK. |                |                |                  | DIED DURING THE WEEK. |                |                |                  |        | TOTAL LOSS DURING THE WEEK. | REMAINING AT DATE OF THIS REPORT. |                |                |                  | NUMBER OF BEDS FOR PATIENTS. |         | NUMBER OF ATTENDANTS. |         | TOTAL NUMBER UNDER CHARGE OF BUREAU. |                |                |                  |        | RATIO PER 1,000 OF DEATHS DURING THE WEEK. |
|-----------------|-----------|----------------------------------|----------------|----------------|------------------|--------------------------------|----------------|----------------|------------------|--|-----------------------------|----------------|----------------|------------------|------------------------------|----------------|----------------|------------------|-----------------------|----------------|----------------|------------------|--------|-----------------------------|-----------------------------------|----------------|----------------|------------------|------------------------------|---------|-----------------------|---------|--------------------------------------|----------------|----------------|------------------|--------|--|
|                 |           | Adult males.                     | Adult females. | Male children. | Female children. | Adult males.                   | Adult females. | Male children. | Female children. |  | Adult males.                | Adult females. | Male children. | Female children. | Adult males.                 | Adult females. | Male children. | Female children. | Adult males.          | Adult females. | Male children. | Female children. | Total. |                             | Adult males.                      | Adult females. | Male children. | Female children. | Occupied.                    | Vacant. | Male.                 | Female. | Adult males.                         | Adult females. | Male children. | Female children. | Total. |  |
| W. H. Miller    | N. O. La. | 3                                | 2              | "              | "                | "                              | "              | "              | "                | 3                                      | "                           | 1              | "              | "                | "                            | "              | "              | "                | "                     | "              | "              | 1                | 3      | 1                           | "                                 | "              | 7              | 13               | 1                            | 3       | 4                     | 3       | "                                    | "              | 7              | "                |        |  |

*W. H. Miller*  
*A. A.* Surgeon U. S. A in charge.



FORM 598

WEEKLY REPORT  
OF  
SICK AND WOUNDED REFUGEES  
AND FREEDMEN.

Station: .....

District of .....

FOR THE  
Week ending *July 25<sup>th</sup>*, 186*8*.

REMARKS.

DIRECTIONS.

The names of Medical Cadets and Hospital Stewards will be placed below the list of Medical Officers. *Separate Reports of Refugees and of Freedmen* will be made to this Office. If the Report is of *Refugees*, erase the word *Freedmen* in the designation; and if of *Freedmen*, strike out the word *Refugees*. These Reports must be forwarded weekly, on Saturdays, to the Surgeon-in-Chief of the District, who will forward a consolidated Report on the succeeding Monday to the Chief Medical Officer of the Bureau, Washington, D. C.











MICROCOPY

M 1 9 0 5

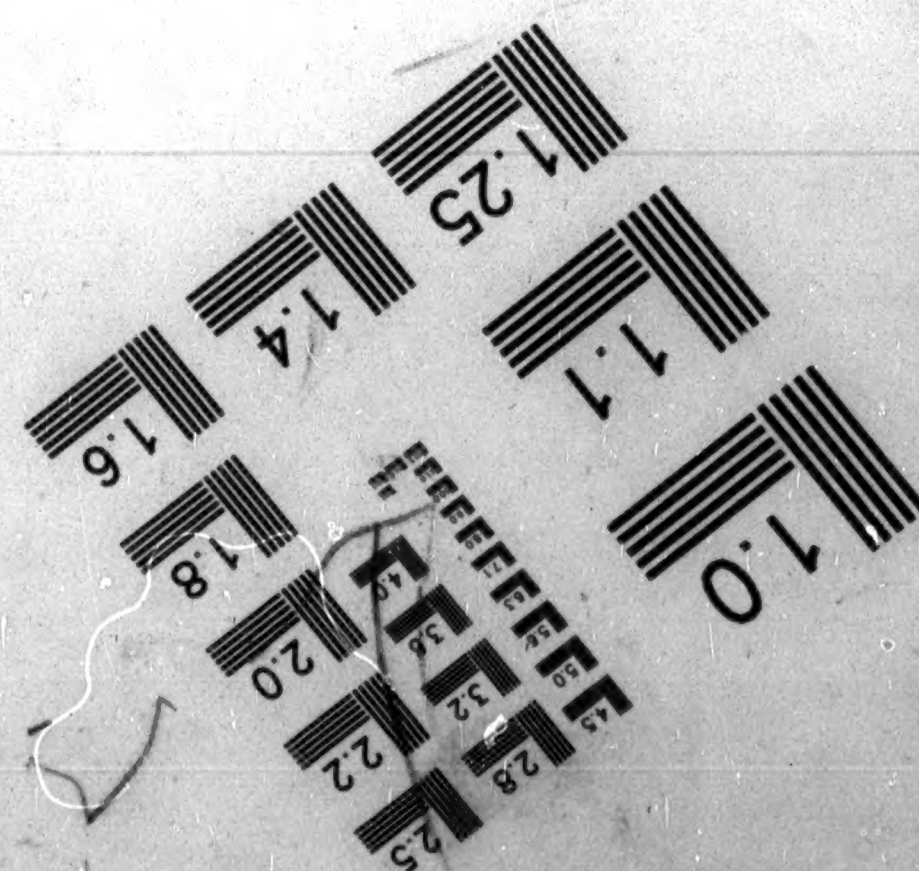
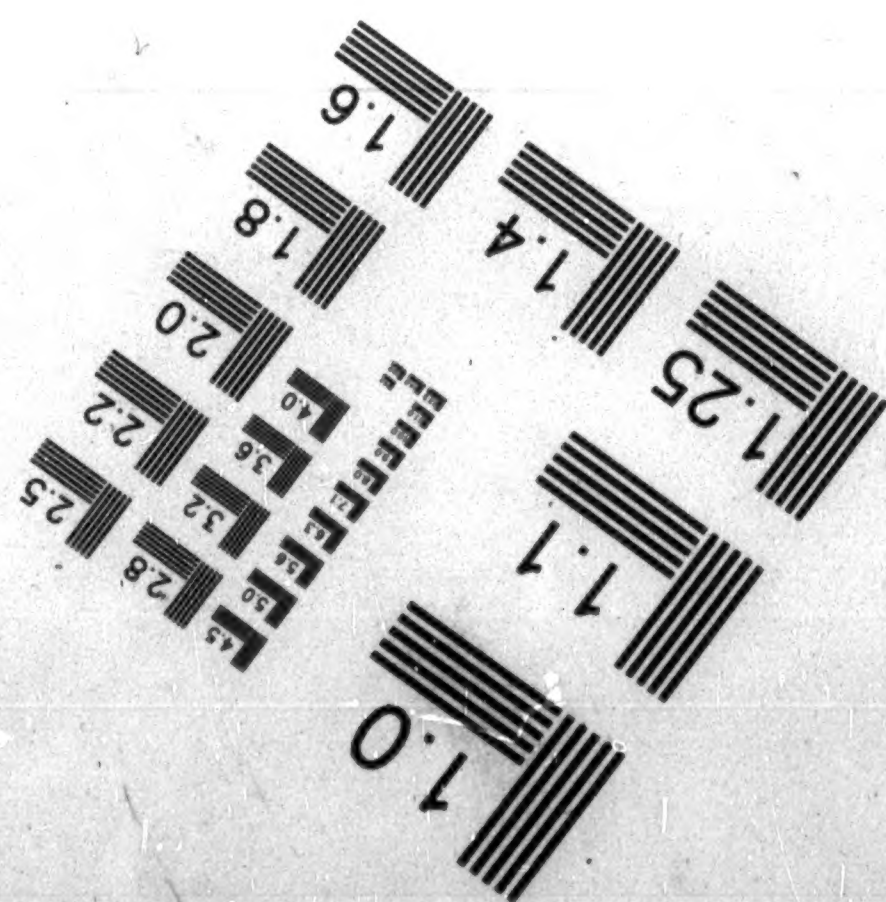
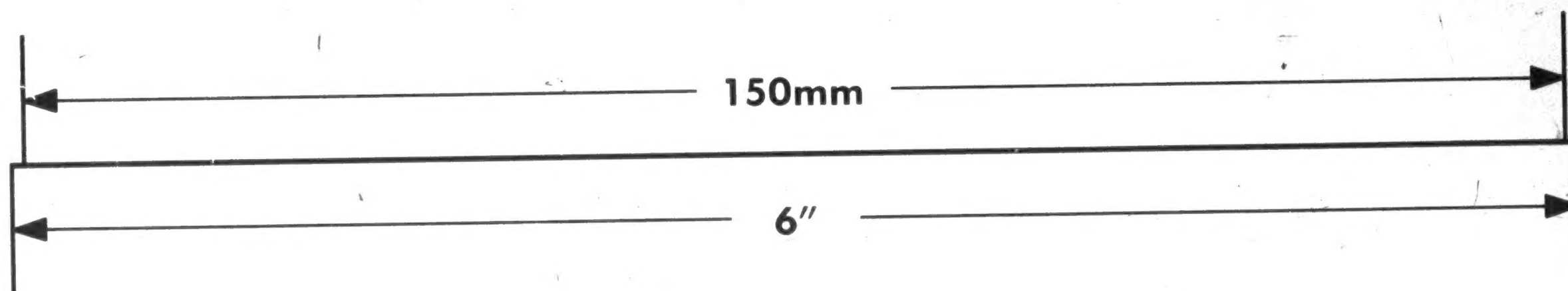
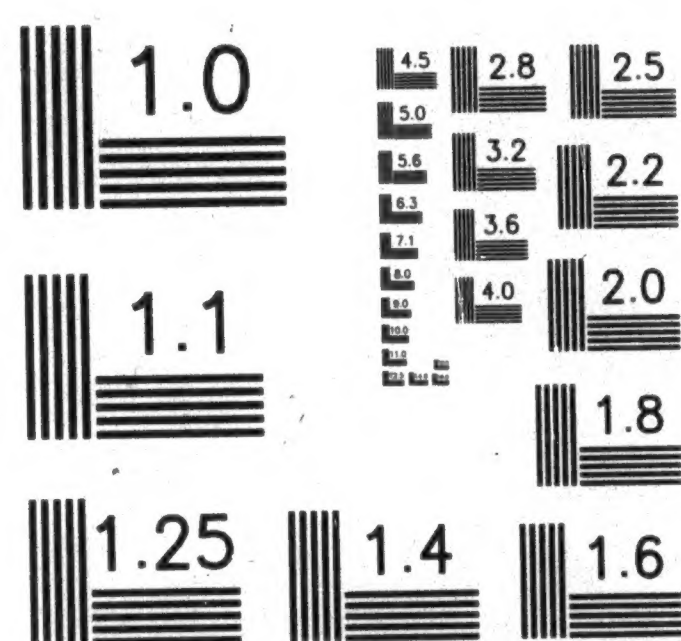
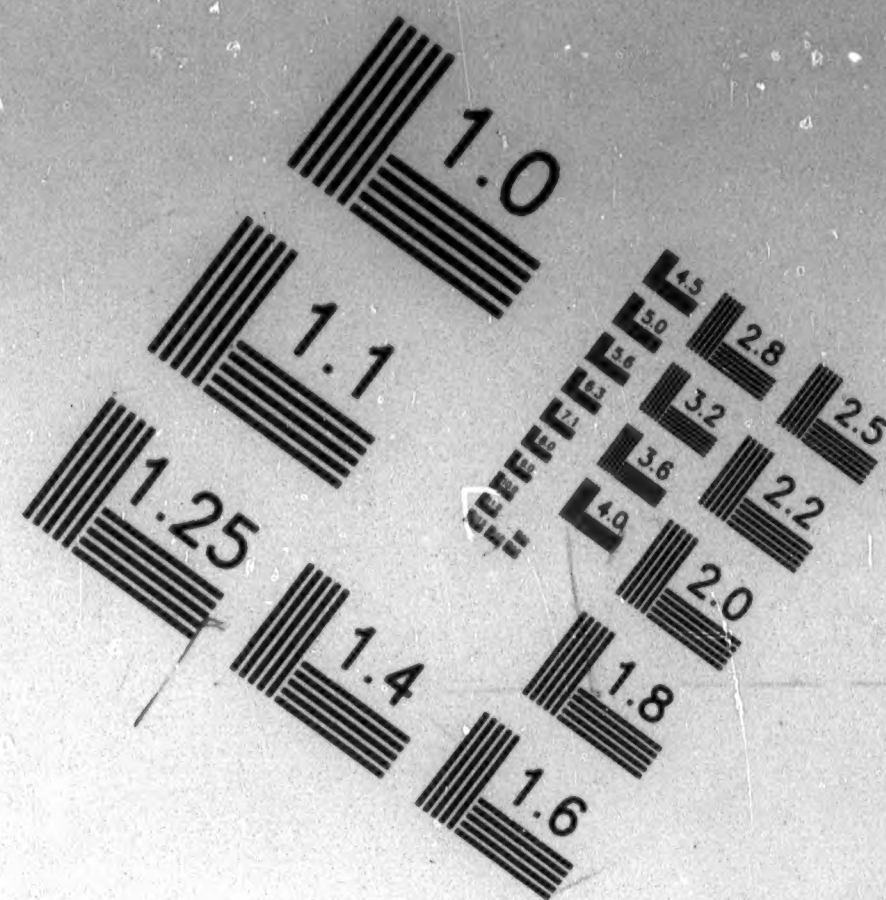
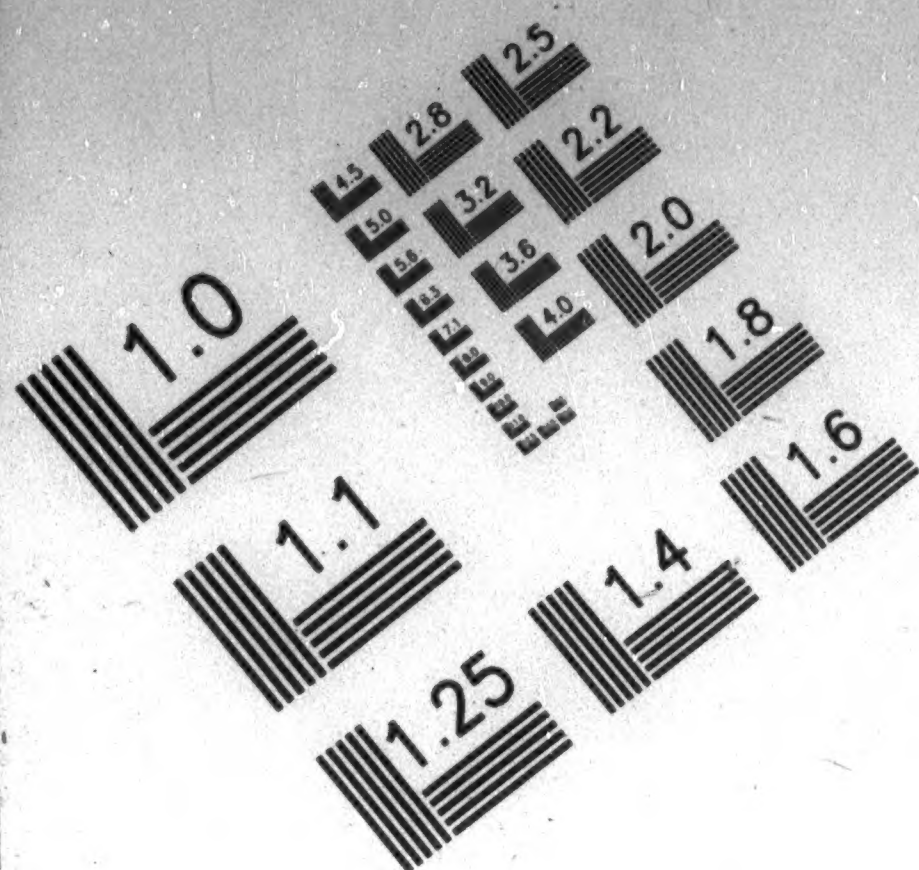
ROLL

20 END

MFW



# IMAGE EVALUATION TEST TARGET (QA-3)



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**THE END**

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**REWIND**